WELCOME
Your benefits at a glance

For represented employees eligible for membership in the UC Retirement Plan 2013 Tier

UNIVERSITY OF CALIFORNIA
Getting Started

Starting a new job involves a lot of choices. This quick-reference guide is designed to help you understand the many benefits available, and how to get started choosing the ones that are right for you.

This guide will take you through the steps to enroll in your UC-sponsored benefits and help you make the right benefit choices for you and your family. You’ll want to have A Complete Guide to Your UC Health and Welfare Benefits and the UCRP Summary Plan Description for 2013 Tier Members, which are included in your Welcome Kit, available as a reference.

The summaries in this quick-reference guide explain the plans’ provisions and the policies and rules that govern them. If a conflict exists between these summaries and the plan documents, the plan documents govern. The Plan Administrator has the authority to interpret disputed provisions.

As a union-represented employee, your benefits are governed by your union’s contract with UC and may be different than the benefits outlined in other publications. Please see section 7 (“Collective Bargaining”) for more information.

SO LET’S GET STARTED...

Attend your local new employee orientation to help you get started.

Gather your family members’ Social Security numbers and birthdates; you’ll need them for benefits enrollment.

Depending on your location, you’ll use UCPath or At Your Service Online (AYSO) to enroll in and manage your health and welfare benefits. Either way, you’ll need a UC Retirement At Your Service (UCRAYS) account to manage your UC Retirement Plan (UCRP) benefits and designate beneficiaries.

Go to ucal.us/accounts to learn about the benefits accounts for your location.

If you don’t have access to a computer, contact your local Benefits Office for help with your benefits enrollment.

SET UP YOUR BENEFITS ACCOUNTS

UCPath

1. Go to ucnet.universityofcalifornia.edu, select your location from the dropdown, and then click on “UCPath.”

2. Sign in by using your network username and password.

AYSO

1. Go to ucnet.universityofcalifornia.edu, select your location from the dropdown, and then click on “AYS Online.”

2. Select “New to UC and have a temporary password?”

3. Enter your Social Security number. Your temporary password is your birthdate in the format mmddyyyy, with no dashes or slashes; for example, if your date of birth is June 17, 1981, your temporary password is 06171981.

4. Select “Sign In” and create your permanent password. It must contain 6 to 30 alphanumeric characters (e.g., 123abc) and may contain any of these special characters: ! @ $ ^ ( ) _ + * \ { ] [ : ’ ; > , . /

5. After you’ve agreed to the password authorization, create your username. Security enhancements require that you sign in to AYSO from now on with a username that is not your Social Security number.

6. Create a security word that a customer service or benefits representative can use to help identify you when you call for information.

Tip:
Remember, you have 31 days from your date of hire to enroll in your health benefits. Faculty have a second 31-day period of eligibility that begins on their first day on campus.
1. Getting Started

7. After you provide your preferred email address and personal phone number, answer any 4 of the 11 challenge questions. You can answer your challenge questions to access your personal information if you forget your password.

UCRAYS

1. If you have an AYSO username, you can use that to log in to UCRAYS. If not, you’ll need to create a new account.

2. After agreeing to UC’s privacy statement and terms of use, enter—for your first login only—your Social Security number and date of birth.

3. As a security feature, you’ll be asked a few questions based on personal information that only you are likely to know. (Note that these are not the same as your AYSO challenge questions.)

4. Create a new password for your UCRAYS account.

5. If you’re using a computer or smartphone that is secure, register your trusted device. This can reduce the steps in the login process.

6. Add your cell phone number and personal email address, if they’re not already on file.

Now you’re ready to enroll in health and other benefit plans.

ENROLL IN HEALTH AND WELFARE BENEFITS

You’re eligible for Full, Mid-Level or Core benefits depending on the type of appointment you have. For details about your eligibility, see page 5 in A Complete Guide to Your UC Health and Welfare Benefits.

To enroll online, sign in to your AYSO or UCPath account. You don’t have to do it all at once—you are free to sign in anytime during your first 31 days of employment to complete your enrollment choices. That includes weekends and holidays.

If you don’t take any action during this 31-day period of eligibility, you and your dependents will not be enrolled in UC-sponsored coverage. In most cases, you won’t be able to change benefit plans or enroll family members until the next Open Enrollment period. You will also face more stringent requirements to enroll in some UC-sponsored insurance programs, including voluntary disability and supplemental life insurance.

VERIFY YOUR FAMILY MEMBERS’ ELIGIBILITY

If you enroll family members in medical, dental and/or vision plans, you must provide documents to verify their eligibility for coverage. Watch for the Family Member Eligibility Verification packet in the mail.

More Information: ucal.us/fmv

Please note that this is a summary of your benefits only; additional requirements, limitations and exclusions may apply. Refer to applicable plan documents and regulations for details. The applicable policy issued by the carrier and the University of California Group Insurance Regulations and other applicable UC policies will take precedence if there is a difference between the provisions therein and those of this document.

Tips:

Name your beneficiaries. Don’t forget to name beneficiaries for your UC Retirement Plan (UCRP) benefits, life insurance and accidental death and dismemberment benefits. You can name the same or a different beneficiary for each plan, and you can name more than one beneficiary for any plan. Just select “My Beneficiaries” on UCRAYS and follow the instructions. For UC’s voluntary Retirement Savings Program plans, you’ll name beneficiaries on myUCretirement.com.

Confirm your choices. About 10 days after you have enrolled, check your personal account to verify coverage for you and your family members. It’s your responsibility to promptly notify your Benefits or Payroll Office of any errors in your enrollment. The month after you enroll, review your earnings statement to be sure it reflects the correct benefit choices. Report discrepancies to your Benefits Office immediately.

Keep your records up to date. Keep your address, email address and phone number up to date on all of your benefits accounts so UC can properly administer your benefits and keep you informed of changes to your benefits.

Are you in a domestic partnership? If you are a UCRP member, enrolling your domestic partner in health benefits and successfully completing the eligibility verification process will establish your partner as your survivor for UCRP benefits, subject to additional eligibility requirements. See “Benefits for Domestic Partners” on UCnet for details.
Medical, Dental, Vision and Supplemental Health

Your health is important to us, and we offer a wide range of health benefits to help take care of you and your family.

**MEDICAL PLANS**
UC offers you a wide choice of medical plans. Some have lower premiums; others provide more flexibility in the doctors and hospitals you can use. All of the plans offer comprehensive benefits including medical and behavioral health office visits, hospital services and prescription drug coverage.

If you want to compare premiums, you can find that information online at: ucal.us/medicalpremiums

Your medical plan premiums are deducted from your pay before taxes are calculated, so you save on taxes.

**More Information:**
Online: ucal.us/medicalplans

**DENTAL PLANS**
If you’re eligible for Full benefits, you have a choice of two dental plans: Delta Dental PPO and DeltaCare USA, which is similar to a medical HMO, with a network of dentists. UC pays the full cost of either plan for you and your family.

Check out the DeltaCare USA network of dentists before choosing between the two plans, since the network is limited in some areas of California.

**More Information:**
Online: ucal.us/dental

**VISION SERVICE PLAN**
If you’re eligible for Full benefits, UC pays the full cost of vision insurance premiums for you and your family. The plan covers exams, lenses, frames (every other year) and contact lenses.

**More Information:**
Online: ucal.us/vision

**SUPPLEMENTAL HEALTH PLANS**
UC offers three supplemental insurance options – Accident, Critical Illness and Hospital Indemnity plans that pay cash benefits if you experience a covered accident, illness or hospital stay.

UC’s Supplemental Health Plans are not a substitute for medical or disability coverage, but they can complement your coverage with extra protection against the unexpected.

You pay the premiums for the plan(s) you choose through after-tax payroll deductions.

**More Information:**
Online: ucal.us/supplementalhealth

**Tip:**
For most plans, you’re covered on your first day at work, but it can take 30 to 60 days after you enroll for the plan to have a record of your enrollment. So if you need immediate services, check with your plan first to see if it has a record of your enrollment. If it doesn’t, ask a representative to contact your local Benefits Office or the person in your department who handles benefits to help you get services.
Disability and Life Insurance

To help you prepare for the unexpected, UC offers insurance plans to provide a financial safety net for you and your family.

**DISABILITY INSURANCE**

Disability insurance replaces some of your wages if you have an illness or injury that prevents you from working for an extended period of time, including for pregnancy and childbirth.

Unlike most employers in California, UC does not participate in State Disability Insurance (SDI). Instead, UC offers its own Basic and Voluntary Disability insurance plans to those eligible for Full, Mid-Level or Core benefits. You’re automatically enrolled in Basic Disability, at no cost to you. Basic Disability will replace 55 percent of your eligible earnings, to a maximum benefit of $800 per month, for up to six months. The six month benefit period includes a 14-day waiting period before you begin receiving benefits, and you must use up to 22 days of sick leave, if available.

For greater financial protection, you may choose to enroll in Voluntary Short-Term Disability, Voluntary Long-Term Disability or both. The voluntary plans provide up to 60 percent of your eligible earnings, to a maximum benefit of $15,000 per month. Voluntary Disability income is generally not taxable, since you pay the premiums with after-tax dollars.

The start date and duration of your benefits depends on the level of coverage you choose:

- **Short-Term only**—You’ll be covered, but only for up to six months. The six month benefit period includes a 14-day waiting period before you begin receiving benefits, and you must use up to 22 days of sick leave, if available.
- **Long-Term only**—You’ll be covered after six months, until your Social Security normal retirement age for most conditions.

- **Short and Long-Term**—You’ll be covered until your Social Security normal retirement age for most conditions. There is a 14-day waiting period, and you must use up to 22 days of sick leave if you have them before benefits begin. Choosing both Voluntary Short and Long-Term Disability provides the most comprehensive coverage for all types of disability leaves.

Premium costs depend on your monthly salary, age, retirement plan and the level of coverage you choose (short-term, long-term or both). See *Your Guide to UC Disability Benefits* for more information about your options, including exclusions and limitations.

**Tool:**
Insurance Premium Estimator
[ucal.us/premiumestimator](ucal.us/premiumestimator)

**More Information:**
*Disability Benefits for Faculty*:
[ucal.us/disabilityfaculty](ucal.us/disabilityfaculty)
*Your Guide to UC Disability Benefits*:
[ucal.us/disabilitystaff](ucal.us/disabilitystaff)

**Tip:**
Be sure you understand the Basic and Voluntary Disability benefits and the sick leave policies and/or paid medical leave policies that apply to you before making a decision about enrolling in Voluntary Short-Term Disability, Long-Term Disability or both.

If you decide not to enroll in these plans during your first 31 days, you can apply for coverage later by submitting evidence of insurability (including a statement of health) to the insurance company. The insurance company may or may not approve your enrollment based on the application.
3. Disability and Life Insurance

LIFE INSURANCE

UC provides Basic Life insurance equal to your base pay, up to $50,000, if you are eligible for Full benefits. If you have Mid-level or Core benefits, your life insurance is $5,000. UC provides these plans at no cost to you.

Faculty and staff with Full or Mid-level benefits may also enroll in Supplemental Life insurance and cover their dependents in Dependent Life insurance. You pay monthly premiums for the supplemental plans.

**Tool:**
Life Insurance Premium Estimator
ucal.us/lifepremiumestimator

If you decide not to enroll in these plans during your first 31 days, you can apply for coverage later by submitting evidence of insurability to the insurance company. The insurance company may or may not approve your enrollment based on the application.

**More Information:**
A Complete Guide to Your UC Health and Welfare Benefits, page 34
Online: ucal.us/lifeinsurance

ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

To help protect you and your family from the financial impact of an accident, UC offers Accidental Death & Dismemberment (AD&D) insurance. There are several levels of coverage for you and your family. You can enroll in, increase or decrease your AD&D coverage at any time. The rate chart for premiums is online at: ucal.us/adanddpremiums

**More Information:**
Online: ucal.us/accidentaldeath

**Tip:**
To estimate how much life insurance you need, use the calculator on Prudential’s microsite for UC faculty and staff: prudential.com/uc
Legal and Flexible Spending Accounts

In addition to good health and retirement benefits, UC also offers you access to legal services, tax-savings plans and other benefits—at reduced prices.

**LEGAL PLAN**
The ARAG Legal Plan covers routine legal services like drawing up a will, adoption or divorce proceedings and criminal misdemeanors. You pay premiums for the Legal plan.

*More information:* 
Online: ucal.us/legal

**FLEXIBLE SPENDING ACCOUNTS**
Flexible spending accounts, or FSAs, allow you to pay for eligible expenses on a pretax basis. You determine an amount to be deducted from your paycheck before taxes are calculated and placed in an FSA. You pay for eligible expenses from the account and save on taxes since you have lower taxable income. UC offers separate flexible spending accounts for health and dependent care expenses.

*More Information:* 
*A Complete Guide to Your UC Health and Welfare Benefits*, page 47  
Online: ucal.us/fsa

**PET INSURANCE**
Nationwide offers preferred pricing on pet insurance for UC faculty, staff and retirees. Premiums vary depending on where you live and what kind of pet you have (for example, a dog, cat, bird or small mammal). You can enroll in pet insurance with Nationwide at any time, and your coverage will be effective approximately 14 days after your application is approved. You’ll pay your premiums directly to Nationwide, and your policy renews automatically each year until you choose to discontinue it.

*More information:* 
Nationwide: Petinsurance.com/uc  
877-738-7874

**HOMEOWNER/RENTER/AUTO INSURANCE**
You have access to auto, renter and homeowners insurance through California Casualty. You deal directly with the insurer, and premiums may be paid through payroll deduction.

*More information:* 
California Casualty:  
calcas.com/uc  
866-680-5142

**TRAVEL INSURANCE**
If you need to travel on official university business, you are eligible for coverage by UC’s business traveler insurance. You will be registered for coverage automatically when you make your arrangements through any of UC’s preferred travel agencies found in Connexxus, UC’s systemwide travel program. If you do not make your travel arrangements through Connexxus, you will need to register online for business travel insurance. Personal travel insurance is also available for protection when not traveling on university business.

*More information:* 
Business travel insurance: ucal.us/businessstravel  
UC Personal Travel Program: ucal.us/personaltravel

**Tip:**
Be sure to read the IRS rules and other details about the FSAs in *A Complete Guide to Your UC Health and Welfare Benefits*. In some cases, you may lose money in your FSA that you don’t spend.
Retirement Benefits

Preparing for a successful retirement is one of the biggest financial responsibilities you’ll face. All eligible new employees are offered primary—or required—retirement benefits, with costs shared by you and UC. UC also offers voluntary savings opportunities and a range of resources to help you make informed retirement decisions.

The University of California Retirement System (UCRS) encompasses the UC Retirement Plan (UCRP) and the Retirement Savings Program, which includes three retirement savings plans.

**PRIMARY (REQUIRED) RETIREMENT BENEFITS**

The University of California Retirement Plan (UCRP) is a defined benefit plan, offering a pension for UCRP members.
ucal.us/2013tiersummary

**RETIREMENT SAVINGS PROGRAM**

The Tax-Deferred 403(b) Plan (the 403(b) Plan) includes voluntary employee pretax contributions and rollovers, and employer contributions for eligible employees. Effective Nov. 1, 2016, the 403(b) Plan also includes employer and mandatory employee pretax contributions for eligible summer academic appointees.
ucal.us/taxdeferred403b

The 457(b) Deferred Compensation Plan (the 457(b) Plan) includes voluntary employee pretax contributions and rollovers.
ucal.us/457bplan

The Defined Contribution Plan (the DC Plan) includes mandatory pretax contributions and employer contributions for certain members; it also includes voluntary after-tax contributions and rollovers.
ucal.us/contributionplan

**RETIREMENT EDUCATION AND COUNSELING RESOURCES**

At myUCretirement.com, explore the many resources available to help you build additional retirement savings and improve your personal financial situation.

Financial education classes and webinars
Learn about your retirement benefits and savings options, and about how to reach your financial goals. A schedule of upcoming classes and webinars is available online.
myUCretirement.com/classes

Personal financial and retirement counseling
Meet with a Retirement Planner by phone or in person, when and where it’s convenient for you. This service is available at no cost to you.
800-558-9182
getguidance.fidelity.com/universityofcalifornia

**Tip:**
To make the most of your retirement and saving benefits, read the UCRP Summary Plan Description for 2013 Tier Members carefully and keep it with your important papers for later reference. Plan summaries for UC’s retirement savings and investment plans are available on UCnet.
UC RETIREMENT PLAN
The UC Retirement Plan (UCRP) is a defined benefit plan in which lifetime monthly pension payments are based on your average salary, age and years of UCRP service credit at the time you retire. To be eligible to receive pension benefits, you must be a member of the plan and have a minimum of five years of service credit at retirement. When you retire, you may choose to take a reduced monthly benefit in order to provide a benefit for another person of your choosing, such as a spouse or domestic partner.
You contribute 7 percent of your salary to the plan on a pretax basis and UC contributes 8 percent. Some union-represented employees entitled to modified benefits contribute 9 percent.
More Information:
UCRP Summary Plan Description for 2013 Tier Members
Online: ucal.us/2013tiersummary

VOLUNTARY RETIREMENT SAVINGS PROGRAM
You can enhance your retirement security by voluntarily participating in the UC Retirement Savings Program. The program consists of three plans:
• Tax-Deferred 403(b) Plan
• 457(b) Deferred Compensation Plan
• Defined Contribution Plan After-Tax Account
To enroll or learn more, visit myUCretirement.com
More Information:
403(b) Summary Plan Description
Online: ucal.us/taxdeferred403b
457(b) Deferred Compensation Plan
Online: ucal.us/457bplan
Defined Contribution Plan Summary Plan Description
Online: ucal.us/contributionplan

RETIREE HEALTH & WELFARE BENEFITS
Health benefits for retired UC employees are one of the rewards UC currently offers long-serving eligible employees. Under the UCRP 2013 Tier, employees who work for UC for 10 full years or more may be eligible to continue some UC-sponsored health benefits.
These benefits, which include medical, dental, vision, legal and accidental death and dismemberment (AD&D), are separate from the UC Retirement Plan (UCRP) and are not a vested benefit.
That means these benefits are not guaranteed and that UC’s contributions to the cost of the benefits may change or be discontinued at any time. Retiree health and welfare benefits are subject to collective bargaining for current employees who are represented by a union.
Currently, UC contributes to the cost of medical and dental insurance for eligible retirees. For vision, legal and AD&D, retirees who enroll pay the full premiums.
Eligibility
To be eligible for these benefits, employees must:
• Be a member of the UC Retirement Plan
• Have a retirement date that is within 120 days of the date they end UC employment
• Be enrolled in or eligible to enroll in Full UC employee benefits at the time of separation
• Continue health coverage until retiree health benefits become effective
Retirees must also meet UC service credit requirements, based on the date they became a member of UCRP, to be eligible.
More Information: UC Retiree Health Fact Sheet
Online: ucal.us/retireehealthfacts
Work and Life

UC employees are dedicated and hard-working, but all work and no play can make for unhealthy (and unhappy) people. At UC, we offer a number of benefits and programs to help you maintain a healthy work-life balance.

UC is committed to the well-being of employees and their family members and to building a culture that supports healthy lifestyles.

UC Living Well offers access to programs, activities and support to improve your health and quality of life. This includes campus and health system wellness activities, as well as a variety of tools and resources offered by your medical plan to help you live well.

Learn more at uclivingwell.ucop.edu

UC facilities are tobacco free. If you need resources to help you quit using tobacco, you’ll find information here: ucal.us/TobaccoFree

Each UC location administers its own Employee Assistance Program (sometimes called Faculty and Staff Assistance). Services are free and confidential. Contact information is available at ucal.us/eap

Connexxus Travel assists in increasing UC-negotiated discounts and travel perks such as involuntary denied boarding protection, preferred seats, priority standby and many more. UC employees are eligible to use the program for both business and personal travel, and will receive automatic enrollment in UC traveler insurance for campus related travel.

More information:
Online: travel.ucop.edu
Email: uctravel@ucop.edu

Vacation and sick leave policies differ depending on your position. You can find more information about these and other leave policies online:

Faculty: ucal.us/facultyleave
Staff: ucal.us/staffleave

Represented faculty and staff: see your collective bargaining agreement: ucal.us/agreements

UC pays the fee that gives you access to resources through Bright Horizons Care Advantage, helping you find childcare and eldercare providers. Sittercity is a database of pre-screened childcare providers—including emergency backup care providers—plus pet sitters, tutors and more. Years Ahead helps you find the right eldercare provider for your family member, from in-home companies to memory care facilities.

More Information:

Bright Horizons Care Advantage: careadvantage.com/universityofcalifornia

Family-friendly academic personnel policies: ucal.us/acadfamilyfriendly

Staff absence from work policies: ucal.us/staffleave

Tip:
Working at UC gives you many other benefits and privileges, including access to fitness and recreation centers, libraries and museums; tuition and bookstore discounts and more. Learn about these local benefits at your new employee orientation or visit your location’s human resources website.
COLLECTIVE BARGAINING

UC is committed to establishing and maintaining cooperative relations with its 16 unions, and to bargaining constructively and in good faith to come to agreement on the terms and conditions of employment for the roughly 90,000 UC employees in 31 bargaining units.

Terms and conditions of employment for exclusively represented employees are spelled out in the detailed contracts that the university and the unions have negotiated. Contract provisions cover all aspects of employment. If you are in a bargaining unit, you can find the contract that applies to you on the Labor Relations website (ucal.us/laborrelations), or directly from the union. If you have questions about the details of contract provisions and implementation or union representation, contact the union directly.

More Information:
ucal.us/laborrelations

Tip:
If you are in a bargaining unit, your benefits and their costs are subject to collective bargaining and may be different from those outlined in these pages. Check your bargaining agreement for details: ucal.us/agreements
RESOURCES

You also have a wealth of information at your fingertips to help you keep up with what's going on at UC and to answer any other questions you may have about working here.

UCnet, the systemwide website for UC faculty and staff, provides news and information about UC, plus comprehensive information on benefits and policies.

See: ucnet.universityofcalifornia.edu

Your location’s website is also a great source of information about what’s happening.

The offices listed below can answer your questions about working at UC.

**Berkeley**
Benefits: 510-664-9000, Option 3
Academic Personnel: 510-642-5626

**Davis**
Benefits: 530-752-1774
Academic Personnel: 530-752-2072

**Davis Health**
Benefits: 916-734-8099

**Irvine**
Benefits: 949-824-5210
Academic Personnel: 949-824-7175

**Irvine Health**
Benefits: 714-456-5736
Academic Personnel: 949-824-7481

**Los Angeles**
Benefits: 310-794-0830
Academic Personnel: 310-825-3841

**Los Angeles Health**
310-794-0500

**Merced**
Benefits: 209-355-7178
Academic Personnel: 209-228-7948

**Riverside**
Benefits: 951-827-4766
Academic Personnel: 951-827-2933

**San Diego**
Benefits: 858-534-2816
Academic Personnel: 858-534-0068

**San Diego Health**
Benefits: 619-543-3200

**San Francisco**
Benefits: 415-476-1400
Academic Personnel: 415-476-2888

**San Francisco Health**
Benefits: 415-353-4545

**Santa Barbara**
Benefits: 805-893-2489
Academic Personnel: 805-893-3445

**Santa Cruz**
Benefits: 831-459-2013
Academic Personnel: 831-459-4300

**UC Office of the President**
Benefits: 855-982-7284
Academic Personnel: 510-987-9497

**Lawrence Berkeley National Lab**
Benefits: 510-486-6403

**Agriculture and Natural Resources**
Benefits: 530-752-1774
Academic Personnel: 530-750-1354

**ASUCLA**
Benefits: 310-825-7055

**Hastings College of the Law**
Benefits: 415-565-4703

**UC Retirement Administration Service Center**
800-888-8267
By authority of the Regents, University of California Human Resources, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request (800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees, and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC’s contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California’s annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. For more information, employees should contact their Human Resources Office and retirees should call the UC Retirement Administration Service Center (800-888-8267).

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University’s affirmative action and equal opportunity policies for staff to Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, 5th Floor, Oakland, CA 94607, and for faculty to the Office of Academic Personnel and Programs, University of California Office of the President, 1111 Franklin Street, Oakland, CA 94607.
Listed below are telephone numbers and website addresses for some of the resources UC employees routinely use.

**MEDICAL PLANS**

**CORE, UC Care, UC Health Savings Plan** (Anthem Blue Cross)  
844-437-0486  ucppopplans.com

**Health Savings Account** (HealthEquity)  
866-212-4729  learnhealthequity.com/uc/hsa

**Kaiser Permanente—California** (Kaiser, Optum Behavioral Health)  
Kaiser: 800-464-4000  my.kp.org/universityofcalifornia  
Optum: 888-440-8225  liveandworkwell.com (access code: 11280)

**UC Blue & Gold** (Health Net, MHN Behavioral Health)  
Health Net: 800-539-4072  healthnet.com/uc  
MHN: 800-663-9355

**OTHER HEALTH PLANS**

**Delta Dental PPO**  
800-777-5854  deltadentalins.com/uc

**DeltaCare® USA**  
800-422-4234  deltadentalins.com/uc

**Vision Service Plan**  
866-240-8344  vsp.com

**UC Plus (Aflac) Supplemental Health Plans**  
888-212-7201  ucplus.com

**DISABILITY, LIFE AND ACCIDENT INSURANCE**

**Accidental Death & Dismemberment Life** (Basic, Core, Supplemental, Dependent)  
800-524-0542  prudential.com/uc

**Business Travel Accident**  
uical.us/businesstravel

**Disability** (Basic, Voluntary Short-Term, Voluntary Long-Term)  
800-838-4461 (claims)  mylincolnportal.com
OTHER PLANS

ARAG Legal Insurance  
800-828-1395  araglegal.com/ucinfo

Auto/Homeowner/Renter  
866-680-5142  calcas.com/uc

Flexible Spending Accounts (Dependent Care and Health)  
800-482-4120  wageworks.com/ucfsa

Bright Horizons Care Advantage  
888-748-2489  careadvantage.com/universityofcalifornia

Nationwide Pet Insurance  
877-738-7874  petinsurance.com/uc

UC EMPLOYEE WEBSITE

UCnet  
ucnet.universityofcalifornia.edu

UC BENEFITS OFFICES

Berkeley  
510-664-9000, option 3

Riverside  
951-827-4766

Davis  
530-752-1774

San Diego  
858-534-2816

Davis Health  
916-734-8099

San Diego Health  
619-543-3200

Hastings College of the Law  
415-565-4703

San Francisco  
415-476-1400

Irvine  
949-824-5210

San Francisco Health  
415-353-4545

Irvine Health  
714-456-5736

Santa Barbara  
805-893-2489

Los Angeles  
310-794-0830

Santa Cruz  
831-459-2013

Los Angeles Health  
310-794-0500

Lawrence Berkeley National Lab  
510-486-6403

Merced  
209-355-7178

ASUCLA  
310-825-7055

Office of the President  
855-982-7284
Welcome to the University of California!

As a University of California employee, you help shape the quality of life for people throughout California and around the world.

Every faculty and staff member plays an important role in UC’s mission of education, research and public service; UC’s high-quality, comprehensive benefits are among the rewards you receive in return. These benefits are an important part of your total compensation.

Our health and welfare benefits program provides both choice and value to meet the needs of our diverse workforce.

We know that making benefits choices can be a bit overwhelming. So we have tools and information to help you make the right choices for you and your family.

This booklet offers a comprehensive overview of your health and welfare benefits options, including details about eligibility, enrollment and the plans available to you. It also explains how life changes and changes in your employment status can affect your benefits. Keep this booklet, and Your Benefits at a Glance (included in your Welcome Kit), for future reference.

UCnet (ucnet.universityofcalifornia.edu) offers additional tools and information, along with ongoing updates about your benefits. Visit UCnet whenever you have questions about your benefits or want to make changes. You can also call your local Benefits Office or any of the plans. You’ll find their contact information on the insert at the front of this booklet.

The information in this booklet reflects the terms of the benefit plans as in effect Jan. 1, 2020. Please note that this is a summary of your benefits only; additional requirements, limitations and exclusions may apply. Refer to applicable plan documents and regulations for details. The applicable policy issued by the carrier and the University of California Group Insurance Regulations and other applicable UC policies will take precedence if there is a difference between the provisions therein and those of this document.
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General Eligibility Rules for UC Health and Welfare Benefits

UC offers three benefits packages—Full, Mid-Level and Core. Your eligibility for a particular benefits package depends on the type of job you have, the percentage of time you work and the length of your appointment.

The eligibility requirements are listed below. See the chart on pages 10 to 12 for a list of the benefits available to you, based on the level of benefits for which you qualify.

REQUIREMENTS FOR EMPLOYEES IN CAREER, ACADEMIC, LIMITED, PARTIAL-YEAR CAREER, CONTRACT AND FLOATER APPOINTMENTS

FULL BENEFITS
You are eligible for Full Benefits if you are an active UCRP member, an active Savings Choice participant or have begun the 90-day election period during which you can choose between Pension Choice and Savings Choice.°

There are two ways to qualify for these primary retirement benefits:

• You are appointed to work in a retirement-eligible position at least 50 percent time for a year or more° or
• You complete 1,000 hours in a retirement-eligible position within a rolling 12-month period (750 hours in certain instances³).

MID-LEVEL BENEFITS
You are eligible for Mid-Level Benefits if:

• You are appointed to work 100 percent time for at least three months but for less than one year or
• You are appointed to work at least 50 percent time for a year or more in a position that does not qualify you for the primary retirement benefits noted above.

CORE BENEFITS
You are eligible for Core Benefits if you are appointed to work at least 43.75 percent time.

REQUIREMENTS FOR EMPLOYEES IN PER DIEM, CASUAL/RESTRICTED (STUDENTS), BY AGREEMENT AND SEASONAL APPOINTMENTS

CORE BENEFITS
You are eligible for Core Benefits if you are appointed to work at least 75 percent time for at least three months.

ELIGIBLE FAMILY MEMBERS
You may enroll one eligible adult family member in addition to yourself. Your children are also eligible for enrollment as outlined below.

ELIGIBLE ADULT
You may enroll your spouse or an eligible domestic partner.°

No declaration form or documentation is needed to initially enroll your domestic partner, but you will be asked to submit documentation after enrollment (see “Supporting Documentation” in Benefits for Domestic Partners) to establish ongoing eligibility for health and welfare benefits. To be eligible for health and welfare benefits, your domestic partnership must meet one of the following requirements:

• Registered with the State of California or other valid jurisdiction OR
• Able to meet the requirements on page 13 for a partnership that has not been registered, with appropriate supporting documentation upon request

Please note: Enrolling your domestic partner in health benefits and successfully completing the eligibility verification process will establish your partner as your survivor for UC Retirement Plan benefits, subject to additional eligibility requirements.

¹ In a few specifically defined situations, UC employees may be eligible to participate in UC health and welfare benefits while being enrolled in a non-UC retirement plan. Eligible employees may have been covered by entities that were acquired by the University and/or they may have opted to remain in a previous public retirement plan at the time of UC employment.
² Or your appointment form shows that your ending date is for funding purposes only and that your employment is intended to continue for more than a year.
³ If you’re a member of the Non-Senate Instructional Unit, you qualify for participation in the Retirement Choice Program after working 750 hours in an eligible position within a 12-month period.
⁴ An adult dependent relative is not eligible for coverage in UC plans unless enrolled prior to Dec. 31, 2003 and continuously eligible and enrolled since that date. Also, remember: If your eligible adult dependent relative is still enrolled in the plan, you cannot enroll your spouse or domestic partner. The eligible adult may be enrolled only in the same plans as you. See the chart on page 10 for more information on eligible plans.
General Eligibility Rules for UC Health and Welfare Benefits

ELIGIBLE CHILD
You may enroll your eligible children up to age 26 in the same plans as those in which you enroll. A disabled child may be covered past age 26, if the disability is verified by the carrier or a physician. You may also enroll your legal ward up to age 18 in the same plan(s) as those in which you enroll. The Family Member Eligibility chart on pages 13 and 14 gives the eligibility criteria for children, stepchildren, grandchildren, disabled children and legal wards. You may enroll your eligible domestic partner’s child or grandchild, even if you do not enroll your partner.

In order to be eligible for UC-sponsored coverage, your grandchild, step-grandchild, legal ward or overage disabled child(ren) (see Family Member Eligibility chart) must be claimed as a tax dependent by you or your spouse. Your eligible domestic partner’s grandchild must be claimed as a tax dependent by you or your domestic partner. Also eligible are children UC is legally required by administrative or court order to provide with group health coverage.

Your children (or legal ward) are eligible for only the plans for which you are eligible and in which you have enrolled (See “Benefits Overview,” pages 10–12).

Except as provided in the following paragraph, application for coverage beyond age 26 due to disability must be made to the plan 60 days prior to the date coverage is to end due to the child reaching limiting age. If application is received within this timeframe but the plan does not complete determination of the child’s continuing eligibility by the date the child reaches the plan’s upper age limit, the child will remain covered pending the plan’s determination. The plan may periodically request proof of continued disability, but not more than once a year after the initial certification. In case of child’s continuing disability, the plan may ask for proof of continued disability, but not more than once a year.

If you are a newly hired employee with a disabled child over age 26 or if you acquire a disabled child over age 26 (through marriage, adoption or domestic partnership), you may also apply for coverage for that child. The child’s disability must have begun prior to the child turning age 26. Additionally, the child must have had continuous group health coverage since age 26. The plan will ask for proof of continued disability, but not more than once a year after the initial certification.

TAX IMPLICATIONS OF ENROLLING A DOMESTIC PARTNER
In most cases, your domestic partner and your partner’s children do not automatically qualify as your dependents under the Internal Revenue Code (IRC). That means any UC contribution toward their medical, dental and vision coverage will be considered “imputed income” or taxable income for federal tax purposes. This income is reflected in your annual W-2 statement.

If your domestic partner and partner’s children or grandchildren are your dependents as defined by the IRC, you are not subject to imputed income on UC contributions toward health coverage for these family members.

In order for your payroll records to accurately reflect this tax dependency, you’ll need to report it to UC. For UCPath, indicate the tax status of your partner and/or partner’s children when enrolling them in benefits. If you enrolled through At Your Service Online (AYS0), you will receive form UPAY 886 (Declaration of Tax Dependency) from UC Human Resources each November if you have imputed income. (You may also receive the form if you enrolled in benefits through AYSO in 2019, before your location transitioned to UCPath.) Complete the form and submit it to your local Payroll Office.

UC’s contribution for medical, dental and vision coverage is not considered imputed income for California state income tax purposes if you and your domestic partner have registered your partnership with the state of California. Also, if your partner’s child is considered your stepchild under state law, federal imputed income will not apply to UC’s contribution toward the child’s coverage.

If you enrolled your family members in benefits through UCPath, you indicated whether your partnership was registered with the state of California during the enrollment process. If you enrolled in benefits through AYSO, you must notify your local Benefits Office that your partnership is registered with the state of California. Use form UPAY 850 (Enrollment, Change, Cancellation or Opt Out—Employees Only), available online at ucal.us/UPAY850 or from your local Benefits Office.

Also, if your domestic partner is covered as your family member and the two of you marry, be sure to inform UC so that imputed income and state taxes no longer apply. For UCPath, you can update your information in your online account. For AYSO, notify your local Benefits Office by submitting form UBEN 850, available at ucal.us/UBEN850.

OTHER ELIGIBILITY RULES AND INFORMATION

NO DUPLICATE COVERAGE
UC rules do not allow duplicate coverage. This means you may not be covered in UC-sponsored plans as an employee and as an eligible family member of a UC employee or retiree at the same time.
If you are covered as an eligible family member and then become eligible for UC coverage yourself, you have two options:

- You can opt out of your own employee coverage and remain covered as another employee’s or retiree’s family member or
- You can enroll in your own coverage; before you enroll, though, you must make sure the UC employee or retiree who has been covering you disenrolls you from his or her UC-sponsored plan.

Family members of UC employees may not be enrolled in more than one UC employee’s plan. For example, if spouses both work for UC, their children cannot be covered by both parents.

If duplicate enrollment occurs, UC will cancel the plan with later enrollment. UC and the plans reserve the right to collect reimbursement for any duplicate premium payments due to the duplicate enrollment.

**ELIGIBILITY VERIFICATION**

When you enroll anyone in a plan as a family member, you must provide documentation specified by the University verifying that the individual(s) you have enrolled meet the eligibility requirements outlined above. The plan may also require documentation verifying eligibility status. In addition, the University and/or the plan reserve the right to periodically request documentation to verify the continued eligibility of enrolled family members.

UnifyHR, which administers the family member eligibility verification process, will send you a packet of materials to help you complete the verification process. If you fail to provide the required documentation by the deadline specified in these materials, your family member(s) will be disenrolled until verification is provided. Individuals who are not eligible family members will be permanently disenrolled.

You also may be responsible for any UC-paid premiums due to enrollment of ineligible individuals.

**WHEN COVERAGE BEGINS**

The following effective dates apply provided the appropriate enrollment transaction (electronic or paper form) has been completed within the applicable enrollment period.

- If you enroll during a Period of Initial Eligibility (PIE), coverage for you and your family members is effective the date the PIE starts.
- If you enroll during Open Enrollment, the effective date of coverage is the date announced by the University. In most cases, it is the January 1 following Open Enrollment.

- If you complete a 90-day waiting period, coverage is effective on the 91st consecutive calendar day after the date the enrollment form is received.

**FAMILY MEMBERS**

When you have a family status change, coverage begins on the first day you have a new family member—such as a spouse, domestic partner, newborn or newly adopted child.

If you are already enrolled in adult plus child(ren) or family coverage, you may add additional children, if eligible, at any time after their PIE.

**CONTINUING ELIGIBILITY**

UC bases your ongoing eligibility for benefits on your average hours of service5 over a 12-month, standard measurement period (SMP). UC’s SMP for monthly-paid employees is Nov. 1–Oct. 31; for bi-weekly paid employees, the SMP includes the pay periods inclusive of those same dates (for example, in 2020, it runs Nov. 3, 2019 until Nov. 2, 2020).

If your hours during the SMP meet the threshold to be offered coverage, then that coverage must be offered, and if accepted, will be provided during the subsequent stability period, regardless of your number of hours during the stability period (as long as you remain employed). UC’s standard stability period for all employees is Jan. 1–Dec. 31.

If your hours during the SMP do not meet the threshold, then all coverage ends on Dec. 31.

The required average hours of service threshold is:

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Average Hours Threshold</th>
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<tbody>
<tr>
<td>Career, Academic, Limited, Partial-Year Career, Contract, Floater</td>
<td>17.5 hours per week</td>
</tr>
<tr>
<td>Per Diem, Casual/Restricted (students), By Agreement or other flat-dollar payments, Seasonal</td>
<td>30 hours per week</td>
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5 Defined as all hours on pay status (including hours on call, hours on paid vacation, paid holiday, paid sick leave, paid sabbatical, paid jury duty, or any other paid leave) as well as hours on unpaid leave protected by the federal Family & Medical Leave Act, unpaid jury duty, and unpaid leave protected by the Uniformed Services Employment & Reemployment Rights Act. May also include up to 501 hours during the SMP due to “employment break periods” of at least 4 consecutive weeks (e.g., academic breaks, etc.).
General Eligibility Rules for UC Health and Welfare Benefits

WHEN COVERAGE ENDS

The termination of coverage provisions established by the University are summarized below.

DISENROLLMENT DUE TO LOSS OF ELIGIBLE STATUS

If you are an employee and lose eligibility, your coverage and that of any enrolled family members ends at the end of the month in which eligible status is lost.

OTHER DISENROLLMENTS

If you are enrolled in a health and welfare plan that requires premium payments, and you do not continue payment, your coverage will be terminated at the end of the last month for which you paid.

You and/or your family members may be disenrolled if you and/or a family member misuse the plan, as described in the Group Insurance Regulations. Misuse includes, but is not limited to, actions such as falsifying enrollment or claims information; allowing others to use the plan identification card; intentionally enrolling, or failing to disenroll, individuals who are not/no longer eligible family members; threats or abusive behavior toward plan providers or representatives.

LEAVE OF ABSENCE, LAYOFF, CHANGE IN EMPLOYMENT STATUS OR RETIREMENT

Coverage may end when you go on unpaid leave or leave UC employment. For information about continuing your coverage in the event of an authorized leave of absence, layoff, change of employment status or retirement, contact the person who handles benefits for your location.

FAMILY CHANGES THAT RESULT IN LOSS OF COVERAGE

If your family member loses eligibility, you must complete the appropriate transaction to remove him or her from coverage within 31 days of the eligibility loss event.

An eligible child turning age 26. Unless a child is eligible to continue coverage because of disability, coverage ends at the end of the month in which the child reaches age 26. This rule applies to your biological and adopted children, stepchildren, grandchildren, step-grandchildren and your domestic partner’s children or grandchildren. Certain coverage may be continued under COBRA or they may seek individual coverage, including through the healthcare marketplace (coveredca.com).

A legal ward turning age 18. Eligibility ends at the end of the month in which the legal ward turns 18. Your legal ward may continue certain coverage under COBRA or they may seek individual coverage, including through the healthcare marketplace (coveredca.com).

Death of a family member. Coverage for the family member ends at the end of the month in which the death occurs. It is important to contact your local Benefits Office for further assistance in the event of an enrolled family member’s death.

CONTRACT TERMINATION

Health and welfare benefits coverage is terminated when the group contract between the University and the plan vendor is terminated. Benefits will cease to be provided as specified in the contract and you may have to pay for the cost of those benefits incurred after the contract terminates. You may be entitled to continued benefits under terms described in the plan evidence of coverage booklet. (If you apply for an individual conversion plan, the benefits may not be the same as you had under the original plans.)

OPPORTUNITIES FOR CONTINUATION

If you separate from UC employment, generally, your UC-sponsored benefits will stop. If you retire from UC, see the Group Insurance Eligibility Factsheet for Retirees and Eligible Family Members (available on the UCNet website at ucnet.universityofcalifornia.edu/forms/pdf/group-insurance-eligibility-factsheet-for-retirees.pdf) for more details.

COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985): If you or any family member(s) lose eligibility for UC-sponsored medical, dental and/or vision coverage, you may be able to continue group coverage through COBRA.

If you are enrolled in the Health Flexible Spending Account (FSA) and you leave UC employment during the plan year, you may be able to continue your participation under COBRA through the end of the current plan year (December 31) by making direct, after-tax payments to your account.

If you lose eligibility, the COBRA administrator will send you a “Qualifying Event Notice,” which explains the procedure for continuing your participation. If your family member loses eligibility, you must request a COBRA package through UCPath or your local Benefits Office, depending on your location. More information about COBRA continuation privileges is available online at ucal.us/COBRA or from your Benefits Office.
Conversion/Portability: Within 31 days after UC-sponsored coverage ends (if your participation has been continuous), you may be able to convert your group coverage to individual policies or continue (“port”) your group coverage. See the specific plan sections which follow for details.

Also, you may wish to contact the California Department of Managed Health Care at www.dmhc.ca.gov or 888-466-2219 to determine whether you are eligible for HIPAA Guaranteed Issue individual plan coverage or Covered California, California’s health insurance marketplace, at www.coveredca.com or 800-300-1506 to review options for purchasing individual plan coverage.

ELIGIBILITY FOR STATE PREMIUM ASSISTANCE

If you are eligible for health coverage from UC, but cannot afford the premiums, some states have premium assistance programs that can help pay for coverage from their Medicaid or Children’s Health Insurance Program (CHIP) funds.

If you live in California, you can contact the California Medicaid (Medi-Cal) office for further information via email (HIPP@dhcs.ca.gov) or visit their website (dhcs.ca.gov). If you live outside of California, go online to ucal.us/chipra for a list of states that currently provide premium assistance. You can also contact the U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services at cms.hhs.gov; 877-267-2323, ext. 61565.

FOR MORE INFORMATION

• Participation Terms and Conditions on page 51
• Benefits for Domestic Partners
• Your local benefits office
# Benefits Overview

## HEALTH CARE

### Medical

Choice of various options depending on your address, including health maintenance organization (HMO), preferred provider organization (PPO) or a PPO with a health savings account. See page 19.

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<thead>
<tr>
<th>Benefits Packages</th>
<th>Full</th>
<th>Mid-Level</th>
<th>Core</th>
<th>When You May Enroll</th>
<th>During PIE</th>
<th>During OE</th>
<th>90-Day Wait¹</th>
<th>Automatic</th>
<th>With SOH²</th>
<th>Anytime</th>
<th>Premium Paid By</th>
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### Medical—CORE

Fee-for-service plan with no employee premium and a $3,000 deductible. See page 19.

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<thead>
<tr>
<th>Benefits Packages</th>
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<th>Mid-Level</th>
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### Dental

Choice of two plans: Delta Dental PPO, a fee-for-service plan, or DeltaCare® USA, a dental HMO (network available in California only). Both cover preventive, basic and prosthetic dentistry, as well as orthodontics. See page 24.

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<thead>
<tr>
<th>Benefits Packages</th>
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<th>Core</th>
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### Vision

Plan covers a variety of vision care services including eye exams, corrective lenses and frames. See page 28.

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<th>Benefits Packages</th>
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### Supplemental Health Plans

Accident, Critical Illness and Hospital Indemnity plans pay cash benefits if you experience a covered accident, illness or hospital stay.

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<thead>
<tr>
<th>Benefits Packages</th>
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## DISABILITY INSURANCE

### Basic Disability

Provides basic coverage when unable to work due to pregnancy/childbirth or due to a disabling injury or illness not related to work. Pays 55% of eligible earnings for up to six months ($800 monthly maximum), after a waiting period. See page 31.

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<thead>
<tr>
<th>Benefits Packages</th>
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<th>Core</th>
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### Voluntary Short-Term and/or Voluntary Long-Term Disability

Provides short-term and/or long-term coverage for disabilities that are and are not related to work, such as pregnancy/childbirth, injury or illness. Supplements employer-paid Basic Disability and other sources of disability income you may receive (e.g., Worker’s Compensation or Social Security), up to 60% of eligible earnings ($15,000 maximum monthly benefit). Enroll in Voluntary Short-Term Disability, Voluntary Long-Term Disability or both. See page 31.

<table>
<thead>
<tr>
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### Workers’ Compensation

Provides state-mandated coverage for work-related injuries.

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<td>UC</td>
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</tbody>
</table>

---

**Notes:**

1. The 90-day waiting period is available when the PIE is missed. See page 19. You may need to pay part of your premiums on an after-tax basis.

2. If you do not enroll during the PIE, you may apply for coverage by submitting an evidence of insurability/statement of health. The carrier may or may not approve your enrollment based on medical information in your application.

3. When you enroll in any UC-sponsored medical, dental or vision plan, you will not be excluded from enrollment based on your health, nor will your premium or level of benefits be based on any genetic information or pre-existing health conditions. The same applies to your eligible family members.

4. Employees are not covered under California State Disability Insurance for period of employment at UC.

5. If you have a pre-existing condition which causes you to be disabled in your first year of coverage, your Voluntary Long-Term Disability benefits will not be payable. For more information, see the insurance carrier’s summary plan description and Your Guide to UC Disability Benefits.
## LIFE AND ACCIDENT INSURANCE

<table>
<thead>
<tr>
<th>Benefits Packages</th>
<th>Full</th>
<th>Mid-Level</th>
<th>Core</th>
<th>When You May Enroll</th>
<th>Premium Paid By</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>UC</td>
</tr>
<tr>
<td>Provides employees eligible for Full Benefits with life insurance equal to annual base salary, up to $50,000. Coverage is adjusted if appointment is less than 100% time. See page 34.</td>
<td>●</td>
<td></td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td><strong>Core Life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>UC</td>
</tr>
<tr>
<td>Provides employees eligible for Core or Mid-Level Benefits with $5,000 of life insurance. See page 34.</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td><strong>Supplemental Life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>You</td>
</tr>
<tr>
<td>Provides employees with additional life insurance at group rates. Coverage up to four times annual salary (to $1,000,000 maximum). See page 34.</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td><strong>Basic Dependent Life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>You</td>
</tr>
<tr>
<td>Provides $5,000 of coverage for employee’s spouse or domestic partner and each child. See page 37.</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td><strong>Expanded Dependent Life</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>You</td>
</tr>
<tr>
<td>Covers spouse or domestic partner for 50% (up to $200,000) of employee’s Supplemental Life amount. Covers each child for $10,000. See page 37.</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td><strong>Accidental Death &amp; Dismemberment (AD&amp;D)</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>You</td>
</tr>
<tr>
<td>You may enroll at any time. Provides up to $500,000 protection for employee and family for accidental death, loss of limb, sight, speech or hearing, or for complete and irreversible paralysis. See page 39.</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td><strong>Business Travel Accident</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>UC</td>
</tr>
<tr>
<td>Provides up to $500,000 of coverage when an employee travels on official UC business. See page 41 for enrollment instructions.</td>
<td>●</td>
<td>●</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## OTHER BENEFITS

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Full</th>
<th>Mid-Level</th>
<th>Core</th>
<th>When You May Enroll</th>
<th>Premium Paid By</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>You</td>
</tr>
<tr>
<td>Enrollment may be offered during Open Enrollment in some cases. Provides basic legal assistance for consultation/representation, domestic, consumer and limited defensive legal services and identity theft benefits. See page 43.</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
</tr>
<tr>
<td><strong>Pet Insurance</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>You</td>
</tr>
<tr>
<td>You may enroll at any time; see page 45.</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
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</tr>
<tr>
<td><strong>Automobile and Homeowner/Renter</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>You</td>
</tr>
<tr>
<td>You may enroll at any time. Individually underwritten plan provides coverage for cars, boats, motorcycles, homes and apartments. Carrier underwriting requirements must also be met.</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
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</tr>
<tr>
<td><strong>Family Care Resources</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>You</td>
</tr>
<tr>
<td>Provides access to prescreened caregivers, pet sitters, tutors and other family services. You may enroll at any time; see page 46.</td>
<td>●</td>
<td>●</td>
<td></td>
<td>●</td>
<td></td>
</tr>
</tbody>
</table>

**PIE:** Period of Initial Eligibility  **OE:** Open Enrollment  **SOH:** Statement of Health
## Benefits Overview

### TAX-SAVINGS PROGRAMS

<table>
<thead>
<tr>
<th>Benefits Packages</th>
<th>Full</th>
<th>Mid-Level</th>
<th>Core</th>
<th>When You May Enroll</th>
<th>During PIE</th>
<th>During OE</th>
<th>Automatic</th>
<th>With SOH</th>
<th>Anytime</th>
<th>Pretax Salary Reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>General Purpose Health Flexible Spending Account (Health FSA)</strong></td>
<td><img src="false" alt="check" /></td>
<td><img src="false" alt="check" /></td>
<td><img src="false" alt="check" /></td>
<td><img src="false" alt="check" /></td>
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<td><img src="false" alt="check" /></td>
<td><img src="false" alt="check" /></td>
</tr>
<tr>
<td>Lowers taxable income by allowing payment for up to $2,700 of eligible out-of-pocket health care expenses on a pretax basis. Can be paired with any UC medical plan other than UC Health Savings Plan. See page 47.</td>
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</tbody>
</table>

| **Dependent Care Flexible Spending Account (DepCare FSA)** | ![check](false) | ![check](false) | ![check](false) | ![check](false) | ![check](false) | ![check](false) | ![check](false) | ![check](false) | ![check](false) | ![check](false) |
| Lowers taxable income by allowing payment for up to $5,000 ($2,500 if married and filing a separate income tax return) of eligible dependent care expenses on a pretax basis. See page 48. |

**PIE:** Period of Initial Eligibility  **OE:** Open Enrollment  **SOH:** Statement of Health
### ELIGIBLE FAMILY MEMBERS

<table>
<thead>
<tr>
<th>Eligibility/</th>
<th>Medical</th>
<th>Dental</th>
<th>Vision</th>
<th>Supplemental Health Plans</th>
<th>Dependent Life</th>
<th>AD&amp;D</th>
<th>Legal</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Legal Spouse</strong></td>
<td>Eligible</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Domestic Partner</strong></td>
<td>Eligible</td>
<td></td>
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</tr>
<tr>
<td>A domestic partnership is eligible if it is:</td>
<td></td>
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<tr>
<td>• Registered with the state of California or</td>
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<tr>
<td>• A valid union, other than a marriage, entered into in another jurisdiction and recognized in California as substantially equivalent to a California registered domestic partnership or</td>
<td></td>
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<tr>
<td>• Unregistered, but meets all of the following criteria:</td>
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</tr>
<tr>
<td>– Parties must be each other’s sole domestic partner in a long-term, committed relationship and must intend to remain so indefinitely</td>
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</tr>
<tr>
<td>– Neither party may be legally married or be a partner in another domestic partnership</td>
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<tr>
<td>– Parties must not be related to each other by blood to a degree that would prohibit legal marriage in the State of California</td>
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<tr>
<td>– Both parties must be at least 18 years old and capable of consenting to the relationship</td>
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<tr>
<td>– Both parties must be financially interdependent</td>
<td></td>
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</tr>
<tr>
<td>– Parties must share a common residence</td>
<td></td>
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<td></td>
</tr>
<tr>
<td><strong>Biological or adopted child, stepchild, domestic partner’s child</strong></td>
<td>To age 26</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td><strong>Grandchild, step-grandchild, domestic partner’s grandchild</strong></td>
<td>To age 26</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>• Unmarried</td>
<td>To age 26</td>
<td></td>
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</tr>
<tr>
<td>• Living with you</td>
<td>To age 26</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• Supported by you or your spouse/domestic partner (50% or more)</td>
<td>To age 26</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>• Claimed as a tax dependent by you or your spouse/domestic partner</td>
<td>To age 26</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Legal ward</strong></td>
<td>To age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Unmarried</td>
<td>To age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Living with you</td>
<td>To age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Supported by you or your spouse/domestic partner (50% or more)</td>
<td>To age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Claimed as your tax dependent</td>
<td>To age 18</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Court-ordered guardianship required</td>
<td>To age 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

1 A legally separated or divorced spouse is not eligible for UC-sponsored coverage.
2 Domestic partner must be eligible for UC-sponsored health coverage.
## Benefits Overview

### ELIGIBLE FAMILY MEMBERS

**Overage disabled child (except a legal ward) of employee**

- Unmarried
- Incapable of self-support due to a mental or physical disability incurred prior to age 26
- Enrolled in a UC group medical plan before age 26 and coverage is continuous; if eligible for enrollment in a UC plan after age 26 (during your PIE, qualifying life event or Open Enrollment, or if you newly acquire a disabled child over age 26), the child must have had continuous coverage since age 26
- Chiefly dependent upon you, your spouse or eligible domestic partner for support (50% or more)
- Claimed as your, your spouse’s or your eligible domestic partner’s dependent for income tax purposes or eligible for Social Security income or Supplemental Security Income as a disabled person. The overage disabled child may be working in supported employment that may offset the Social Security or Supplemental Security Income
- Must be approved by the carrier before age 26 or by the carrier upon initial enrollment

<table>
<thead>
<tr>
<th>Eligibility</th>
<th>Medical</th>
<th>Dental</th>
<th>Vision</th>
<th>Supplemental Health Plans</th>
<th>Dependent Life</th>
<th>AD&amp;D</th>
<th>Legal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 26 or older</td>
<td>•</td>
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<td>•</td>
</tr>
</tbody>
</table>
Enrollment

To be certain you get the benefits coverage you want, you should enroll yourself and your eligible family members when you first become eligible.

For step-by-step instructions on how to enroll, see Your Benefits at a Glance, which you received in your Welcome Kit.

WHEN TO ENROLL

DURING A PERIOD OF INITIAL ELIGIBILITY (PIE)

A PIE is a time during which you may enroll yourself and/or your eligible family members in UC-sponsored health and welfare plans. A PIE generally starts on the first day of eligibility— for example, the day you are hired into a position that makes you eligible for benefits. It ends 31 days later.

You should enroll online and complete the transaction by the last day of the applicable PIE. Paper enrollment forms are available and need to be received at the location noted on the form by the last day of the applicable PIE. (If the last day falls on a weekend or holiday, the PIE is extended to the following work day.)

You may enroll your eligible family members during the 31-day PIE that begins on the first day the family member meets all eligibility requirements. If your enrollment is completed during your PIE, coverage is effective the date the PIE began.

The PIE to enroll newly eligible family members starts the day your family member becomes eligible:

- For a spouse, on the date of marriage.
- For a domestic partner, on the date the domestic partnership is registered or the date that you verify that the partnership meets UC’s criteria (see page 13).
- For a newborn child, on the child’s date of birth.
- For an adopted child, the earlier of:
  - the date the child is placed for adoption with you, or
  - the date you or your spouse/domestic partner has the legal right to control the child’s health care.

A child is “placed for adoption” as of the date you assume and retain a legal obligation for the child’s total or partial support in anticipation of the child’s adoption.

If the child is not enrolled during the PIE beginning on that date, there is an additional PIE beginning on the date the adoption becomes final.
- For a legal ward, the effective date of the legal guardianship.

Where there is more than one eligibility requirement, the PIE begins on the date all requirements are satisfied.

During this family member PIE, some plans allow you to also enroll yourself and/or any other eligible family member who was not already enrolled during an earlier PIE. See the plan-specific sections at the back of this booklet. Remember that family members are only eligible for coverage in medical, dental, vision, supplemental health, legal, AD&D and dependent life coverage and must be enrolled in the same plans in which you are enrolled.

OTHER ENROLLMENT OPPORTUNITIES

If you don’t enroll in benefits during your initial 31-day period of eligibility, you may be able to enroll yourself and your family members in some plans at other times, including:

OPEN ENROLLMENT

Usually held in the fall, Open Enrollment is your annual opportunity to make changes to your benefits, including:

- Transferring to a different medical or dental plan
- Adding or disenrolling eligible family members
- Enrolling in or opting out of UC-sponsored medical, dental, vision and supplemental health plans and
- Enrolling or re-enrolling in the Health and Dependent Care Flexible Spending Accounts

Changes made during Open Enrollment are effective January 1 of the following year. Not all plans are available during every Open Enrollment.

WHEN YOU HAVE A FAMILY CHANGE

When you have a new family member, such as a spouse, domestic partner, newborn or newly adopted child, you may enroll yourself, the new family member and any other eligible family members not already enrolled in your UC-sponsored health plans. Other plans have different rules; see the plan-specific sections in this guide for details.

If you are enrolled in a UC-sponsored medical plan, you may transfer to a different plan. You may also enroll in or increase your Supplemental Health Plan coverage, Supplemental Life insurance and Dependent Life insurance during this eligibility period (however, restrictions apply to Dependent Life insurance). There is no opportunity to enroll in Voluntary Short-Term or Voluntary Long-Term Disability insurance.

You have 31 days from the date your new family member becomes eligible to enroll the new member or to make any permitted plan changes (for example, 31 days from the day you marry or your child is born). Enrollment is not automatic. Employees who manage their benefits through UCPath may enroll family members online. Employees who manage their benefits
Enrollment through AYSO must complete a UPAY 850 form (available online at ucal.us/UPAY850 or from your Benefits Office) to enroll the new family member.

You will be required to complete the Family Member Eligibility Verification process after enrolling the new family member. If you do not respond by the given deadline, your new family member may be disenrolled from the plans.

WHEN YOU LOSE OTHER COVERAGE
If you decline UC-sponsored coverage because you and/or your family members are covered elsewhere, and you later lose the other coverage, you may be eligible to enroll yourself and/or your eligible family members in a UC-sponsored plan. The same is true if you are enrolled in another employer-sponsored plan and the employer stops contributing to the cost of the coverage.

For medical, dental and vision coverage, you may enroll without waiting for the University’s next open enrollment period if you have met all of the following requirements:

- You were covered under another health plan as an individual or dependent, including coverage under COBRA or CalCOBRA (or similar program in another state), the Children’s Health Insurance Program or “CHIP” (called the Healthy Families Program in California), or Medicaid (called Medi-Cal in California).
- Coverage under another health plan for you and/or your eligible family members ended because you/they lost eligibility under the other plan or employer contributions toward coverage under the other plan terminated, coverage under COBRA or CalCOBRA continuation was exhausted, or coverage under CHIP or Medicaid was lost because you/they were no longer eligible for those programs.
- You properly file an enrollment form with the University during the 31-day PIE which starts on the day after the other coverage ends. Note that if you lose coverage under CHIP or Medicaid, your PIE is 60 days. You may need to provide proof of loss of coverage.

OTHER SPECIAL CIRCUMSTANCES
For medical, dental and vision coverage, you may enroll without waiting for the University’s next open enrollment period if you are otherwise eligible under any one of the circumstances below:

- You or your eligible family members are not currently enrolled in UC-sponsored medical, dental or vision coverage and you or your eligible family members become eligible for premium assistance under the Medi-Cal Health Insurance Premium Payment (HIPP) Program or a Medicaid or CHIP premium assistance program in another state. Your PIE is 60 days from the date you are determined eligible for premium assistance. If the last day of the PIE falls on a weekend or holiday, the PIE is extended to the following work day if you are enrolling with paper forms.
- A court has ordered the University of California to provide coverage for a dependent child under your UC-sponsored medical, dental or vision plan pursuant to applicable law. The child must meet UC eligibility requirements.

IF YOU ARE A NEW FACULTY MEMBER
Newly appointed faculty members who don’t enroll within 31 days of their start date have a second period of eligibility that begins on the first day of classes for the semester or quarter in which the appointment starts or the first day the faculty member arrives at the campus, whichever comes first.

Appeals
Any appeals regarding coverage denials that relate to eligibility or enrollment requirements are subject to the University of California Group Insurance Regulations. To obtain a copy of the Eligibility Claims Appeal Process, please contact the person who handles benefits for your location.
Medical Plans

Benefits packages: Full, Mid-Level, Core

Who’s covered: You and your eligible family members

Who pays the premium: You and UC, for most plans

Medical coverage is one of the most important benefits that UC offers you and your eligible family members, and UC makes medical coverage as accessible and affordable as possible.

UC offers a range of high-quality medical plans with comprehensive coverage so you can choose the coverage that best meets your needs.

You should carefully evaluate your family circumstances and plan costs before selecting medical plan coverage. If you need more information about a specific medical plan, you’ll find telephone numbers and links to all the plans’ websites on the inside cover of this guide.

In addition to the general eligibility rules beginning on page 5 and plan eligibility rules found in each plan’s evidence of coverage booklet, the following rules and information apply to UC medical plans.

ELIGIBILITY

The medical plans you’re eligible for are based on whether your overall benefits package is Full, Mid-level or Core.

If you are eligible for coverage, you must take action to enroll.

You may enroll in certain medical plans only if you meet the plan’s geographic service area criteria.

If you or a covered family member is enrolled in Medicare, you are not eligible for the UC Health Savings Plan due to IRS rules that do not allow Medicare members to make or receive contributions to a Health Savings Account.

WITH A 90-DAY WAITING PERIOD

If you miss your initial enrollment period, you may enroll yourself and/or your family members in medical coverage at any time by submitting an enrollment form to your Benefits Office. Your medical coverage will become effective 90 calendar days from the date your form is received. Your premiums will be paid on an after-tax basis until the following January 1.

IF YOU MOVE OUT OF A PLAN’S SERVICE AREA

If you move out of a plan service area, or will be away for more than two months, you and your eligible family members must transfer into a different plan available in your new location. If you later return to your original location, you will have a Period of Initial Eligibility during which you can re-enroll in your original plan if you choose.

WHAT THE PLANS COVER

UC’s medical plans provide comprehensive coverage, including doctor visits, hospital services, prescription drugs and behavioral health services. Preventive care such as physical exams and immunizations are free of charge in all plans; some restrictions, such as using in-network providers, may apply.

There are no exclusions for pre-existing conditions.

An overview of the plans UC offers is on pages 20 to 22. The chart on page 23 provides a comparison of the plans.

COST OF COVERAGE

Your medical plan’s monthly cost depends on:

- The plan you choose
- Whether you choose to cover yourself only or yourself and other family members and
- Your annual full-time equivalent salary from UC

Premium costs are available online at ucal.us/medicalpremiums and in Which Medical Plan is Right for You? included in your Welcome Kit.

Please note: Premium rates for certain employee groups may vary from those posted or printed. If you are represented by a union, your premiums are subject to collective bargaining. To confirm your premiums, sign in to your online benefits account or talk to your Benefits Office.
Medical Plans

HEALTH MAINTENANCE ORGANIZATIONS (HMO)

HMOs require you to choose a primary care physician (PCP) from their network of providers to coordinate your care. To see a specialist, you must have a referral from your PCP. The HMO covers your expenses only if your PCP has authorized the services, unless it’s an emergency. You pay a copayment for some products and services, and there is no annual deductible.

You must live (or work, depending on the plan’s rules) in the plan’s service area to be eligible. Service areas are established by ZIP codes; you cannot use a P.O. box to establish eligibility. If you want to know whether your ZIP code is in a plan’s service area, check the plan’s website or call the plan directly.

UC’s HMOs are available to employees living and working in certain counties in California only.

UC’S HMO PLANS

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Network Description</th>
<th>Website/Information Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Blue &amp; Gold HMO</td>
<td>Offers a tailored network of medical groups, doctors and hospitals, and includes all of UC's medical centers and medical groups. For more information, see healthnet.com/uc</td>
<td></td>
</tr>
<tr>
<td>Kaiser Permanent—CA</td>
<td>Offers a closed network, meaning you must use only Kaiser doctors and hospitals. For more information, see kp.org/universityofcalifornia</td>
<td></td>
</tr>
</tbody>
</table>

PREFERRED PROVIDER ORGANIZATIONS (PPO)

PPOs offer a broad network of providers and allow you the flexibility to see non-network providers if you wish. You don’t need a referral to see specialists. Usually, you must meet the plan’s deductible and then you pay coinsurance, which is a percentage of the cost of services. You pay a smaller percentage for in-network providers.

Anthem Blue Cross is the administrator of medical, behavioral health and prescription drug benefits for UC’s PPO plans. The administrator of your plan processes claims, creates a network of health care providers and pharmacies and sets clinical policies and guidelines.

UC’S PPO PLANS

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Description</th>
<th>Website/Information Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Health Savings Plan with Health Savings Account</td>
<td>This is a PPO plan with a Health Savings Account (HSA), which you can use to pay your eligible medical expenses. UC contributes to the HSA every year you are enrolled in the plan, and you can, too—federal tax-free. You pay the cost of medical services until you meet the deductible, then you pay a percentage of the cost of services, with lower costs when you use in-network providers. Your unused HSA funds roll over each year (funds are not use-it-or-lose-it). And, any funds you or UC contributes to your HSA are yours to keep, even if you leave UC. You can continue to contribute to your HSA as long as you are enrolled in a qualifying high deductible health plan. For more information, see ucppoplans.com and learn.healthequity.com/uc/hsa</td>
<td></td>
</tr>
<tr>
<td>UC Care</td>
<td>This is a PPO plan with three tiers of doctors and hospitals. If you use providers in the UC Select Network, which includes UC medical center doctors, hospitals and other facilities as well as select providers near UC locations without a medical center, you pay copayments for services. If you use other providers in the Anthem Preferred network, you pay 20 percent coinsurance once you’ve met the deductible. You pay a higher deductible and a greater percent of the coinsurance if you use a provider outside the network. For more information, see ucppoplans.com</td>
<td></td>
</tr>
<tr>
<td>CORE Fee-for-Service Plan</td>
<td>This plan has no monthly employee premium, but has a higher deductible. You can choose any doctor, hospital, clinic or behavioral health provider, but you pay less if you use a provider in the Anthem Blue Cross PPO network. After you have met the plan’s annual deductible, the plan pays for part of the cost of services. If you use non-network providers, you may need to pay for services upfront and submit a claim; you receive reimbursement if the plan covers the service. For more information, see ucppoplans.com</td>
<td></td>
</tr>
</tbody>
</table>
ABOUT THE UC HEALTH SAVINGS PLAN (HSP) WITH HEALTH SAVINGS ACCOUNT (HSA)

The Health Savings Account (HSA), which is part of the UC Health Savings Plan (HSP), lets you pay for your out-of-pocket health care expenses with tax-free contributions from you and from UC.

With the HSA, administered by HealthEquity, you can use the funds at any time for qualified medical expenses or save them for future health care needs. Your HSA account balance rolls over annually; you keep the balance in the account, even if you don’t use it or leave UC. You can use your HSA funds for qualifying medical expenses without paying any federal taxes—whether you pay with your HSA debit card or you pay out-of-pocket and file a claim directly with HealthEquity to get reimbursed. You earn interest on your account, and can invest any funds in excess of $1,000—the same way you invest funds in retirement savings accounts, except interest accrues federal tax-free. Contributions and earnings are subject to California income tax.

For 2020, the IRS allows HSA contributions up to $3,550 for single/individual coverage and up to $7,100 for family coverage (if you are covering at least one family member), inclusive of UC contributions. UC contributes up to $500 for individual coverage and up to $1,000 for all other coverage levels, depending on the effective date of your HSP coverage. You can also contribute with pretax payroll deductions, subject to payroll deadlines. You are responsible for making sure the combined HSA contributions are within the IRS limits. Individuals age 55 and older can make an additional “catch-up” contribution of $1,000. For UCPath, the additional contribution can be made through your online account. For At Your Service Online, you’ll need to submit the UPAY 850 form (ucal.us/UPAY850). If you enroll in the UC Health Savings Plan anytime after January, UC’s contribution to your HSA will be prorated for the calendar year. The proration schedule is available online (ucnet.universityofcalifornia.edu/compensation-and-benefits/health-plans/medical/hsa-proration-schedule.html).

Because of IRS rules, you must enroll in the UC Health Savings Plan and have a valid Social Security number and U.S. address to be eligible for and establish your HSA. In addition, you and your covered family members cannot enroll in UC’s or in any general-purpose Health Flexible Spending Account.

If you or your dependent(s) are enrolled in Medicare, covered under TRICARE, or receiving Social Security Disability Insurance (SSDI), you cannot enroll in this plan, according to the IRS. Due to the UC contribution to your HSA, if you cover a family member and the family member is enrolled in Medicare, you cannot enroll in this plan unless you disenroll your Medicare-enrolled family member from your coverage. Remember that the entire UC contribution is deposited automatically at the beginning of the year and is based on your coverage level (individual or family).

Here are a few things to keep in mind if you become an HSP member. As an HSA owner, you must decide:

• Whether you are eligible to make contributions to an HSA
• The amount of the eligible contribution to the HSA for any calendar year
• The withdrawal of any excess contributions
• How funds in your HSA will be spent

You cannot delegate these responsibilities to the University or to HealthEquity. As the HSA owner, you are responsible for reporting all contributions and distributions to the IRS on your Form 1040.

BEHAVIORAL HEALTH AND SUBSTANCE ABUSE BENEFITS

Kaiser members have access to Kaiser’s integrated behavioral health services as well as Optum Behavioral Health in-network services. Kaiser and Optum do not coordinate care or costs of behavioral health services. Each plan has specific requirements. Kaiser members should understand plan and authorization guidelines when they consider their options for behavioral health services.

UC Blue & Gold HMO members have behavioral health and substance abuse coverage provided by Managed Health Network (MHN, a Health Net company).

Behavioral health and substance abuse coverage is provided by Anthem Blue Cross for employees and retirees enrolled in:

• CORE
• UC Care
• UC Health Savings Plan (HSP)

The first three in-network outpatient mental health visits are covered at no cost to you for UC Care.

If you enroll in CORE, UC Health Savings Plan or UC Care, you have access to both in-network and out-of-network behavioral health services. All other plans have in-network benefits only.

UC LIVING WELL PROGRAM

UC is committed to the well-being of employees and their family members and supports healthy living through the systemwide UC Living Well program.

UC Living Well offers faculty, staff and retirees access to programs, activities and resources that support healthy lifestyles.
Medical Plans

UC Living Well includes:

- Campus and health system wellness activities
- Programs and support from UC’s benefits providers
- Preventive exams and screenings through UC’s health plans
- Disease management programs offered by UC’s medical plans to help manage chronic conditions such as diabetes and heart disease

Participation in on-site campus and health system wellness programs varies by location; contact your location’s wellness coordinator for details.

For more information, visit the UC Living Well website (uclivingwell.ucop.edu).

GENERAL INFORMATION

CHOOSING A PRIMARY CARE PHYSICIAN (PCP)

UC’s HMO plans require you to select a primary care physician (PCP). You may choose a different PCP for each family member or the same PCP for the entire family. You may choose a pediatrician as the PCP for your child(ren). If you use your work address to qualify for a plan, you must pick PCPs in the service area of your work address.

If you or your eligible family members do not select a PCP, your medical plan will assign one to you. You may change your PCP at any time by calling the plan directly.

If you want to receive care from a particular doctor, you should call the plan or check the plan’s online doctor directory to confirm that the doctor is in their network and accepting new patients.

ID CARDS

Once you enroll, the medical plan will send identification cards for you and your enrolled family members. Although you’re covered as soon as you enroll, it may take 30 to 60 days for the plan to have a record of your membership and send your ID card(s). If you need immediate services before you receive your card, first check with your plan to see if it has a record of your enrollment; if not, contact your Benefits Office. You may also be able to download and print a temporary card from your carrier’s website.

WHEN COVERAGE ENDS

Please note that if you lose eligibility for medical coverage while you are hospitalized or undergoing treatment for a medical condition covered by your medical plan, benefits will cease and you may have to pay for the cost of those services yourself. If you or a family member loses eligibility for medical coverage, you can, however, continue coverage under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) for a period of time. If you are laid off, you may transfer to UC’s lowest cost medical plan through COBRA.

You may be able to convert your coverage to an individual policy if you apply within 31 days of the date your UC-sponsored coverage or COBRA continuation coverage ends. Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your medical plan booklet or call your plan for more information. You may also seek individual coverage, including through the healthcare marketplace (coveredca.com).

FOR MORE INFORMATION

Evidence of Coverage booklets for all of UC’s medical plans are available online at ucal.us/EOCs or from the carriers (see front of booklet for contact information).

If you have other questions about your medical benefits, including services, benefits, billing and claims, call the medical plan directly.

TIPS:

If you want lower monthly premiums:
- UC Health Savings Plan with HSA
- CORE
- Kaiser Permanente

If you want more flexibility in choosing doctors:
- UC Health Savings Plan with HSA
- UC Care
- CORE

If you want predictable costs:
- UC Blue & Gold HMO
- Kaiser Permanente

If you reside or have a child in college outside California:
- UC Health Savings Plan
- UC Care
- CORE

If you want one doctor to manage all your care:
- UC Blue & Gold HMO
- Kaiser Permanente

If you want access to UC medical centers and doctors:
- UC Health Savings Plan
- UC Blue & Gold HMO (if you are within service area)
- UC Care
- CORE
## Medical Plans

<table>
<thead>
<tr>
<th>UC MEDICAL PLANS</th>
<th>Your Monthly Premium</th>
<th>Your Costs for Services</th>
<th>Your Cost for Prescription Drugs: Generic/Brand/Non-formulary</th>
<th>Best Fit For People Who:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORE</strong></td>
<td>$0</td>
<td>$$$+</td>
<td>20%</td>
<td>• Want to pay no monthly premium</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Except for certain preventive services, you pay the full cost until you reach the $3,000 deductible. Then you pay 20%.</td>
<td></td>
<td>• Want protection for catastrophic care</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Are willing to risk incurring high out-of-pocket costs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Want direct access to many providers without need for referrals</td>
</tr>
<tr>
<td><strong>UC Blue &amp; Gold HMO</strong></td>
<td>$$</td>
<td>$</td>
<td>Retail (30-day supply) $5/$25/$40 Mail order (up to 90 days) $10/$50/$80</td>
<td>• Want lower premium and cost per service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No deductible; you pay a copay for office visits and hospital stays; most other services have no charge.</td>
<td></td>
<td>• Are comfortable with HMO model: primary care physician manages care; no out-of-network coverage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Are content with the selection of community providers</td>
</tr>
<tr>
<td><strong>Kaiser Permanente—CA</strong></td>
<td>$</td>
<td>$</td>
<td>Retail (30-day supply) $5/$25/NA Mail order (31-100 days) $10/$50/NA</td>
<td>• Want lower premium and cost per service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No deductible; you pay a copay for office visits and hospital stays; most other services have no charge.</td>
<td></td>
<td>• Are comfortable with getting medical care only within the Kaiser system</td>
</tr>
<tr>
<td><strong>UC Care</strong></td>
<td>$$$</td>
<td>$$/$$</td>
<td>Retail (30-day supply) $5/$25/$40 Mail order (up to 90 days) $10/$50/$80</td>
<td>• Want direct access to many providers without a referral</td>
</tr>
<tr>
<td></td>
<td></td>
<td>UC Select Network providers: no deductible, and copay for office visits and hospital stays; Anthem Preferred providers: calendar year deductible and then 20% coinsurance; out-of-network: calendar year deductible and then 50% coinsurance.</td>
<td></td>
<td>• Want no deductible and fixed copay for using providers in the UC Select network</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Want coverage when you are traveling or living abroad</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• You and/or your family members live outside California</td>
</tr>
<tr>
<td><strong>UC Health Savings Plan</strong></td>
<td>$</td>
<td>$$$</td>
<td>Full cost up to deductible; then 20% at in-network pharmacies; 40% at non-network pharmacies</td>
<td>• Want lower premium and broad access to providers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You have higher out-of-pocket costs until the deductible is met; you pay coinsurance thereafter. You may make pretax contributions to the Health Savings Account to help pay your out-of-pocket costs.</td>
<td></td>
<td>• Are able to risk incurring greater out-of-pocket costs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Want tax-free savings for current and future health care costs</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>• Want direct access to many providers without need for referrals</td>
</tr>
</tbody>
</table>

$ Lowest costs in relation to all plans  $$ Mid-range of costs in relation to all plans  $$$ Highest costs in relation to all plans
Dental

Benefits packages: Full

Who's covered: You and your eligible family members

Who pays the premium: UC

Proper dental care plays an important role in your overall health. That's why UC provides dental coverage for you and your family, including routine preventive care and fillings, oral surgery, dentures, bridges and braces. You have a choice of two plans, a PPO and an HMO.

The following rules and information about UC's dental plans are in addition to the general eligibility rules beginning on page 5.

ELIGIBILITY

You are eligible to enroll in dental coverage only if you have Full Benefits.

If you are eligible for dental benefits, you must take action to enroll.

You may enroll in DeltaCare® USA only if you meet the plan's geographic service area criteria.

IF YOU MOVE OUT OF A PLAN’S SERVICE AREA

If you move out of a DeltaCare® USA plan service area, you and your eligible family members must transfer into a different plan available in your new location. If you later return to your original location, you will have a Period of Initial Eligibility to re-enroll in the DeltaCare® USA plan if you choose.

UC’S DENTAL PLANS

DELTA DENTAL PPO

The Delta Dental PPO plan, available worldwide, provides you and your family with the flexibility to choose any licensed dentist or specialist. Your share of the cost of services depends on whether you use a dentist in Delta Dental's PPO network or an out-of-network dentist.

If you choose a PPO dentist from Delta Dental's network, you will usually pay less for services, so it makes sense to use a PPO dentist. In-network PPO dentists agree to accept a reduced fee for services, and the dentist will complete and submit all claim forms for you at no charge. Preventive dentistry (exams and cleanings) is free of charge. After a small deductible, basic dentistry (such as fillings and extractions) is covered at 80 percent, and most other dental care is covered at 50 percent, up to $1,700 per year.

Delta has more than 43,000 PPO dentists in California and 270,000 nationwide. To see a list of Delta Dental PPO dentists, visit the Delta Dental website: www.deltadentalins.com/uc.

Delta’s Premier dentists are not in the PPO network but have agreed to accept a reduced fee for services and also will complete and submit claim forms for you. Delta Dental covers 75 percent of basic dentistry costs if you use a Premier dentist, up to $1,500 per year.

If you go to a dentist not affiliated with Delta Dental, the plan will cover 75 percent of allowed basic dentistry costs, up to $1,500 per year. However, you may have to pay the dentist's total fee and then submit your claim form to Delta Dental for reimbursement. Non-Delta Dental dentists have not agreed to Delta Dental's allowed costs and are free to bill you for any difference between what Delta Dental pays and the submitted fee.

DELTACARE® USA

DeltaCare® USA is a dental HMO that provides you and your family with comprehensive benefits and easy referrals to specialists. You must live in California to enroll.

The plan stresses preventive care, so many preventive services are provided at no cost. Other services are provided for modest copayments with no deductibles or annual plan maximum.

When you enroll, you select a network dentist to provide all your basic dental services and to refer you to specialists when necessary. The DeltaCare® USA network consists of private-practice dental facilities that have been screened by Delta Dental for quality. Some areas of California have more network providers than others, so be sure there are dentists available in your area before choosing this plan. You are required to obtain covered services through your assigned network dentist, except for emergency services or those preauthorized in writing by Delta Dental.

You may change your dentist at any time by calling the Delta Care Customer Service number to request the change. Visit the DeltaCare® USA website (www.deltadentalins.com/uc) for a list of participating dentists.

BENEFITS AND SERVICES

For a comparison of benefits and services, see the chart on pages 25 to 27.

If you need major dental work, such as a crown, dentures or oral surgery, you and/or your dentist should contact your plan to file a pre-determination before you begin treatment to confirm that the procedure is covered and to determine your portion of the cost for services.
COST OF COVERAGE

UC pays 100 percent of your monthly dental plan premium. UC’s contribution toward the monthly cost is determined by UC and may change or stop altogether. You pay a certain percentage or copayment for some services.

WHEN COVERAGE ENDS

OPPORTUNITIES FOR CONTINUATION

If you or a family member loses eligibility for dental coverage, you can continue coverage under COBRA for a period of time. There is no conversion option for dental coverage.

FOR MORE INFORMATION

Evidence of Coverage booklets are available online at ucal.us/EOCs.

If you have other questions about your dental benefits including services, benefits, billing and claims, call the plan directly.

**Delta Dental PPO**
800-777-5854, www.deltadentalins.com/uc

**DeltaCare® USA**
800-422-4234, www.deltadentalins.com/uc

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<table>
<thead>
<tr>
<th>DENTAL SERVICES</th>
<th>Delta Dental PPO Plan</th>
<th>DeltaCare® USA HMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Area</strong></td>
<td>Worldwide(^1)</td>
<td>California only</td>
</tr>
<tr>
<td>Preventive Dentistry</td>
<td>No deductible</td>
<td>Copayments apply as noted</td>
</tr>
<tr>
<td>Cleaning of teeth — prophylaxis cleanings</td>
<td>You are covered at 100% (up to 2 times in a calendar year; additional cleanings by report)</td>
<td>100% up to 2 times in any 12-month period; additional cleanings when necessary: $45 copayment for adults, $35 copayment for children</td>
</tr>
<tr>
<td>Oral examinations</td>
<td>100% (2 routine and 2 non-routine exams per calendar year; additional routine exam is covered for members with identified risk factors)</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency office visit for pain relief</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Topical fluoride treatment</td>
<td>100% (includes cleaning; up to 2 times in a calendar year)</td>
<td>100% (up to 2 times in any 12-month period through age 18)</td>
</tr>
<tr>
<td>Space maintainers</td>
<td>100% (through age 12)</td>
<td>100%</td>
</tr>
<tr>
<td>X-rays (full mouth, bitewings, other films)</td>
<td>100% (full mouth x-rays limited to 1 set in 5 years unless necessary)</td>
<td>100% (full mouth x-rays limited to 1 set in any 12-month period)</td>
</tr>
<tr>
<td>Pit and fissure sealants (under age 16 only)</td>
<td>100% PPO/75% Premier for first permanent molars through age 9 and second permanent molars through age 15</td>
<td>100% for first permanent molars through age 9 and second permanent molars through age 15</td>
</tr>
</tbody>
</table>

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\(^1\) Nationwide—Delta Dental PPO, Delta Dental Premier and non-Delta dentists (licensed); Worldwide—Coverage available only from non-Delta dentists (licensed).
# Dental Services

<table>
<thead>
<tr>
<th>DENTAL SERVICES</th>
<th>Delta Dental PPO Plan</th>
<th>DeltaCare® USA HMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Basic Dentistry</strong></td>
<td>Deductible applies.</td>
<td>Copayments apply as noted.</td>
</tr>
<tr>
<td>Fillings</td>
<td>80% PPO/75% Premier</td>
<td>100% for standard benefit</td>
</tr>
<tr>
<td>Anesthesia¹</td>
<td>80% PPO/75% Premier (general anesthesia for covered oral surgery)</td>
<td>Local—100%. General and intravenous sedation—100%; limited to medically necessary extractions</td>
</tr>
<tr>
<td>Prosthetic appliance repair</td>
<td>80% PPO/75% Premier</td>
<td>100%</td>
</tr>
<tr>
<td>Extractions</td>
<td>80% PPO/75% Premier</td>
<td>100% if uncomplicated (not covered if done only for orthodontics)</td>
</tr>
<tr>
<td>Oral surgery</td>
<td>80% PPO/75% Premier</td>
<td>$15 copayment for impactions; other covered services at 100%</td>
</tr>
<tr>
<td>Endodontics</td>
<td>80% PPO/75% Premier</td>
<td>$20–$60 copayment for each canal; other covered services at 100%</td>
</tr>
<tr>
<td>Periodontics</td>
<td>80% PPO/75% Premier</td>
<td>$100 copayment per quadrant for surgery (mucogingival and osseous gingival); $150 copayment for soft tissue graft procedures; periodontal maintenance: 100% for 1 in each 6-month period; additional maintenance when necessary: $55 copayment</td>
</tr>
<tr>
<td>Denture Relining and Rebase</td>
<td>80% PPO/75% Premier</td>
<td>Relining—100% (limited to 1 in any 12-month period). Rebase—$20 copay</td>
</tr>
<tr>
<td><strong>Major Dentistry</strong></td>
<td>Deductible applies.</td>
<td>Copayments applied as noted.</td>
</tr>
<tr>
<td>Crowns</td>
<td>50%</td>
<td>$50 per unit copayment ($150 extra charge for precious metals)</td>
</tr>
<tr>
<td>Inlays/onlays</td>
<td>50%</td>
<td>100% for standard benefit</td>
</tr>
<tr>
<td><strong>TMJ Disorder Benefits</strong></td>
<td>50% up to $500 for all benefits in a lifetime (not applied to calendar year maximum). Deductible applies.</td>
<td>100%</td>
</tr>
<tr>
<td>Temporomandibular joint (TMJ) dysfunction: occlusal devices/occlusal guards (night guards)</td>
<td>50%</td>
<td>Copayments apply as noted.</td>
</tr>
<tr>
<td>Prosthetic Dentistry</td>
<td>Deductible applies.</td>
<td>Upper—$65 copayment per denture</td>
</tr>
<tr>
<td>Standard, full or partial dentures</td>
<td>50%</td>
<td>Lower—$65 copayment per denture (extra charge for precious metals)</td>
</tr>
<tr>
<td>Bridges</td>
<td>50%</td>
<td>Removable partial denture with flexible base—$115</td>
</tr>
<tr>
<td>Implants</td>
<td>50%</td>
<td>$50 per unit copayment (extra charge for precious metals)</td>
</tr>
<tr>
<td><strong>Total Benefit</strong></td>
<td>$1,700 if a Delta Dental PPO dentist is used; otherwise $1,500 per person per calendar year</td>
<td>No maximum</td>
</tr>
<tr>
<td>(Total benefit for preventive, basic and major dentistry, and prosthetic dentistry)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### DENTAL SERVICES

<table>
<thead>
<tr>
<th>Orthodontics</th>
<th>Delta Dental PPO Plan</th>
<th>DeltaCare® USA HMO Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>No deductible</td>
<td></td>
<td>Copayments apply as noted below</td>
</tr>
</tbody>
</table>

- **Who is eligible for service**: All covered family members

- **Benefit**: 50% copayment; maximum of $1,500 for each eligible patient under age 26 and $500 for each eligible patient age 26 and older

- **Benefit**: $1,000 copayment (plan covers 36 months of usual and customary treatment—a monthly office visit fee of $75 applies after the 36 months)

### Special Provisions, Limitations, Exclusions

- **Work in progress when you join**: Only services that you receive on or after your effective date of coverage are covered.

- **Predetermination of benefits**: If services are expected to be $400 or more, your dentist files a treatment plan first; Delta reviews it and notifies you and your dentist of the benefits payable.

- **Alternate treatment provision**: If more than one professionally acceptable and appropriate treatment can be used, Delta benefits will be based on the least expensive method.

- **Replacement of crowns, dentures, partial dentures and bridges**: Not covered if crown or prosthetic appliance is fewer than 5 years old

- **Out-of-area emergencies**: Coverage applies worldwide.

- **Teeth bleaching**: Not covered

- **Tobacco counseling for prevention of oral disease**: Not covered

### NOTE:

Other limitations and exclusions may apply. See the Delta Dental or DeltaCare® USA booklet.

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1. Disabled members may receive anesthesia for any covered dental service if needed to receive treatment. Preauthorization is required.
2. Combined for basic and major dentistry, TMJ disorder benefits and prosthetic dentistry.
3. Exception: DeltaCare® USA may cover orthodontia treatment in progress for new enrollees/family members if treatment meets specific DeltaCare® USA criteria.
Benefits package: Full

Who's covered: You and your eligible family members

Who pays the premium: UC

UC provides the Vision Service Plan (VSP) to enable you and your family to get the vision care you need. VSP is a preferred-provider organization with more than 5,000 providers in California and 33,000 nationwide in the Choice network. The vision plan has no exclusions for pre-existing conditions.

ELIGIBILITY

See the general eligibility rules beginning on page 5.

WHAT THE PLAN COVERS

- One vision examination per calendar year—including testing and analysis of eye health and any necessary prescriptions for lenses or contact lenses. You pay a $10 copay.
- One set of corrective lenses per calendar year—including single vision, bifocal, trifocal, standard progressive or other complex glass or plastic lenses. Photo-chromatic lenses, tints and polycarbonate lenses are fully covered if you use a provider in the VSP network. You pay a $25 copay.
- One set of frames every other calendar year up to $160.
- Contact lens allowance of $110. If you choose elective contact lenses, you cannot also have frames and corrective lenses covered in the same calendar year. If contact lenses are medically necessary and you use a VSP provider, the cost is fully covered. Generally, contacts are covered for those who have had cataract surgery, have extreme acuity problems that cannot be corrected with glasses or have some conditions of anisometropia or keratoconus.
- You may also purchase annual supplies of select contact lenses at a reduced cost. Talk to your VSP provider or see the VSP website (vsp.com) for additional details.
- Discounts on laser corrective vision surgery through VSP-contracted laser centers. Call VSP for more information.
- Eye care services for Type 1 or Type II diabetics through the Diabetic EyeCare Program. Contact a VSP doctor for more information.

If you use a VSP network doctor or provider, you pay only the required copays for covered services and the cost of any services or materials beyond the allowance. Additional discounts are available for services the plan doesn’t cover, including:

- 30 percent discount on additional pairs of glasses, including sunglasses, if purchased from the VSP doctor who provides the member’s eye exam on the same day as the exam.
- 20 percent discount for additional pairs of prescription glasses purchased within 12 months following the last covered eye exam, if purchased from the VSP doctor who provided the exam.
- 15 percent discount for contact lens professional services; for example, fittings or adjustments.

WHEN COVERAGE BEGINS

Please see “When Coverage Begins” on page 7 of the Eligibility section.

COST OF COVERAGE

UC pays the full cost of the monthly vision plan premium. UC’s contribution toward the monthly cost of coverage is determined by UC and may change or stop altogether.

You pay copays — $10 for a vision exam and, if you need glasses, $25 for materials. You also pay for additional care, services or products that VSP does not cover.

WHEN COVERAGE ENDS

OPPORTUNITIES FOR CONTINUATION

If you or a family member loses eligibility for vision coverage, you can continue coverage under COBRA. There is no option for conversion to an individual plan for vision coverage.

FOR MORE INFORMATION

VSP website: vsp.com
VSP phone: 866-240-8344

VSP Evidence of Coverage Booklet, available online at ucal.us/EOCs.
Supplemental Health Plans

Benefits package: Full, Mid-Level, Core

Who's covered: You and your eligible family members, depending on the coverage you select

Who pays the premium: You

UC offers three supplemental insurance options—Accident, Critical Illness and Hospital Indemnity plans that pay cash benefits if you experience a covered accident, illness or hospital stay.

UC’s Supplemental Health Plans are not a substitute for medical or disability coverage, but they can complement your coverage with extra protection against the unexpected. Depending on the coverage you select, you’ll receive a pre-determined cash payment if you experience a covered incident—regardless of your actual medical costs or lost income. The payment is yours to use however you choose.

WHEN TO ENROLL

You may enroll for coverage during your PIE, following a qualifying event, or during Open Enrollment. You can discontinue your enrollment in Supplemental Health Plans at any time.

WHAT THE PLANS COVER

ACCIDENT INSURANCE
Pays cash benefits if you receive services related to an accident, such as ER and urgent care visits, ambulance rides, X-rays, surgery, physical therapy and more.

CRITICAL ILLNESS INSURANCE
The plan provides a lump-sum payment if you are diagnosed with certain critical illnesses, such as cancer, heart attack, stroke and more. Rates are age-based and may differ for you and your spouse or domestic partner. Coverage for eligible children is free when you enroll. You select a coverage level of $10,000 or $30,000.

HOSPITAL INDEMNITY
Pays a pre-determined dollar amount if you’re admitted to the hospital due to an accident or illness, or for maternity care, and continues to pay a cash benefit for every day you’re in the hospital, up to 31 days.

COST OF COVERAGE

Your cost depends on the plan(s) and level of coverage you choose.

WHEN COVERAGE ENDS

If you leave UC employment, you may continue your coverage through direct payment to Aflac (referred to as “porting”) if you apply within 31 days of the date your UC-sponsored coverage ends.

EXCLUSIONS

There are certain exclusions under the Supplemental Health Plans. See the Certificate of Insurance booklets for complete information.

FOR MORE INFORMATION

Certificate of Insurance booklets are available online at ucal.us/EOCs.

If you have other questions, call 888-212-7201 or visit www.ucplus.com.
Basic and Voluntary Disability

Benefits package: Full, Mid-Level or Core

Who's covered: You

Who pays the premium: You and UC

Time away from work for a pregnancy, illness or unexpected injury could mean months without a paycheck. While UC's basic employer-paid disability insurance offers some protection—a benefit capped at $800 per month for six months—it probably won't be enough to cover your expenses. For a modest monthly premium, UC's Voluntary Disability Insurance replaces much more of your income—60 percent of your eligible pay up to a benefit of $15,000 per month—for increased financial security when you need it most.

UC's disability benefits, along with state-mandated Workers' Compensation and Social Security disability benefits, create a comprehensive safety net, whether for a few months or a lifetime. UC's disability benefits also provide coverage for female employees during pregnancy disability and the first few weeks after childbirth.

UC does not participate in the California State Disability Insurance (CA SDI) program, although employees who have worked for UC for fewer than 18 months may have some residual CA SDI benefits based on their prior employment.

If you are eligible for Full, Mid-Level or Core Benefits, you are automatically enrolled in Basic Disability at no cost to you. If you choose to enroll in Voluntary Short-Term Disability (VSTD) and/or Voluntary Long-Term Disability (VLTD), you pay the premium.

WHEN TO ENROLL

You are automatically enrolled in Basic Disability, if eligible, on your first day of work.

For Voluntary Disability Insurance, you need to take action to enroll. To obtain coverage without submitting a statement of health, enroll during your PIE when you are first eligible. As a new employee, you may want to consider enrolling in both VSTD and VLTD for the most comprehensive coverage for all types of disabilities. You can discontinue your enrollment in VSTD and/or VLTD at any time.

ENROLLMENT WITH STATEMENT OF HEALTH

If you do not enroll in VSTD and/or VLTD when you are first hired, you must submit an application, along with evidence of insurability, and be approved by the insurance company in order to enroll.

Previous or existing medical conditions may prevent approval if you try to enroll or add coverage outside of your initial period of eligibility. Generally, you cannot enroll in VSTD or VLTD during UC's annual Open Enrollment or due to family changes.

WHEN COVERAGE BEGINS

You must be actively at work in order for new or increased coverage to be effective.

WHAT THE PLANS COVER

BASIC DISABILITY

UC provides the Basic Disability plan at no cost to you.

Basic Disability insurance provides coverage if you are unable to work due to a pregnancy/childbirth or non-work-related disabling injury or illness. It pays 55 percent of your eligible earnings, up to a maximum benefit payment of $800 per month. The six month benefit period includes a 14-day waiting period before you begin receiving benefits, and you must use up to 22 days of sick leave, if available. While you’re receiving Basic Disability income, UC continues to pay its portion of your medical premiums. Your Basic Disability income is generally taxable.

VOLUNTARY DISABILITY

Voluntary Short-Term Disability (VSTD) and Voluntary Long-Term Disability (VLTD) plans work in conjunction with Basic Disability and other sources of disability income (for example, Social Security) you may receive as a result of your pregnancy/childbirth or disabling injury or illness.

VSTD offers more comprehensive coverage than Basic Disability—60 percent of your eligible earnings, with a maximum benefit of $15,000 per month. The six month benefit period includes a 14-day waiting period before you begin receiving benefits, and you must use up to 22 days of sick leave, if available. This plan is a good option to cover short-term needs such as pregnancy, most illnesses, minor surgeries, etc.

VLTD benefits don’t start until six months after your date of disability or when VSTD benefits end, whichever is later. The plan pays 60 percent of your eligible earnings, with a maximum benefit payment of $15,000 per month, and benefits can last until your Social Security normal retirement age, if you qualify. This type of plan doesn’t pay for the first six months of disability, but offers long-term benefits in cases of catastrophic injury or illness, or permanently disabling conditions.

You pay the entire premium for VSTD and VLTD. The cost varies depending on your age, salary and your UC Retirement Plan eligibility. You may choose to purchase VSTD, VLTD or both. Voluntary Disability income is generally not taxable, since you pay the premiums with after-tax dollars.
Basic and Voluntary Disability

OTHER SOURCES OF DISABILITY BENEFITS

UC employees may be eligible for other disability benefits, including:

- Workers’ Compensation, which covers work-related injuries and illnesses
- UC Retirement Plan Disability Income, which is available to UCRP members with five or more years of service credit in the event of a permanent or long-term disability (12 months or longer)
- Social Security disability benefits
- California State Disability Insurance (only if you worked outside of UC and paid into the system within the past 18 months)

The Basic and VSTD plans do not pay benefits for work-related injuries or illnesses that cause disabilities. Instead, Workers’ Compensation provides benefits. The VLTD plan pays benefits for work-related disabilities only in coordination with Workers’ Compensation.

For Workers’ Compensation claims, UC contracts with a third party administrator to manage its claims. More information is available in the Business and Finance Bulletin BUS 81—Insurance Programs, available on At Your Service, UCPath or from your local Workers’ Compensation Manager. A directory of UC Workers’ Compensation Managers is available online at ucop.edu/risk-services/staff-contacts/workers-compensation-managers.

Any disability income you are eligible to receive from these other sources of disability benefits will be deducted from your disability benefits payable under UC’s disability plans. If the other sources of income you receive exceed 60 percent of your eligible income, VLTD will pay a minimum of $100 per month.

HOW THE PLANS WORK

In order to receive disability benefits, you must be under a doctor’s direct, continuous care. For more information about how to apply for benefits, see Your Guide to UC Disability Benefits on UCnet (available with related publications at ucal.us/disabilitypubs) or contact your Benefits Office.

No one type of coverage is right for everyone. It is important that you carefully consider your circumstances and how your selection will affect major events in your life. For example:

- Are you considering becoming pregnant? If you think you may become pregnant, it’s wise to sign up for VSTD. For most pregnancies, the disability period begins two weeks before birth and ends six weeks after birth (eight weeks after birth for a Caesarian section), so a plan such as VLTD, which only covers disabilities lasting more than 6 months, wouldn’t pay a benefit. Don’t wait until you’re pregnant to enroll. You’ll be required to submit a statement of health, and your enrollment application will not be accepted if you’re already pregnant.

- Do you have a lot of non-negotiable monthly expenses? You may not want to risk a long period without income if you would have difficulty covering your mortgage payment or rent, for instance. Enrolling in both VSTD and VLTD provides you with the most protection for all types of disabilities.

- How much sick leave have you accrued? If you have been with UC for a long time and have a lot of accrued sick leave that you could use during the first six months of a disability, or if you are eligible for faculty medical leave, you might only need VLTD. If you don’t have much, you might consider VSTD.

- How’s your savings cushion? If you have substantial savings that could tide you over the first six months of a disability, you might choose VLTD only. If not, you should consider both VSTD and VLTD for the most protection.

IMPORTANT CONSIDERATIONS AND LIMITATIONS TO COVERAGE

- Definition of disability: The definition of disability changes with the type of coverage you receive:
  - Basic and Voluntary Short-Term Disability—In order to receive benefits, you must be disabled from your job at UC, based on the demands and duties of your position.
  - Voluntary Long-Term Disability—For the first 24 months of VLTD benefits, in order to receive benefits, you must be disabled from your own occupation, based on the demands and duties that employers (throughout the national economy) ordinarily require for that occupation. From the 25th month onward, you must be disabled from any occupation (throughout the national economy) for which you are reasonably suited.

(Note that UCRP defines disability differently; for details, please see “Your Guide to UC Disability Benefits.”)
• **Pre-existing conditions**: Once you are enrolled in the VSTD Plan and the Basic Disability Plan, there are no benefits limitations related to pre-existing conditions. Additionally, as soon as you’ve been covered by the VLTD Plan for more than 12 months there are no restrictions or limitations on the VLTD Plan related to the pre-existing condition.

However, your VLTD benefits will not be payable if:

- Your disability leave is related to a condition you were diagnosed with, or had treatment for, in the 90 days prior to your initial enrollment in VLTD and
- Your disability leave begins within one year of your initial enrollment into VLTD

You will, however, be eligible for VLTD benefits for conditions that were not pre-existing.

• **Mental Illness and Substance Abuse**: VLTD benefits for these issues are generally limited to a 24-month lifetime maximum benefit, unless you remain continuously hospitalized or in an extended treatment plan.

**COST OF COVERAGE**

The university provides the Basic Disability plan at no cost to you.

You pay a monthly premium if you enroll in voluntary coverage. The premium depends on your UCRP membership, your age and the level of coverage you choose (Voluntary Short-Term Disability, Voluntary Long-Term Disability or both). To estimate your premium, use the online Insurance Premium Estimator (ucal.us/premiumestimator).

**WHEN COVERAGE ENDS**

Your coverage stops on your last day actively at work. You may not continue these plans through COBRA or convert them to individual plans.

**FOR MORE INFORMATION**

The following publications are available online at ucal.us/disabilitypubs:

- Your Guide to UC Disability Benefits
- Disability Benefits for Faculty
- Pregnancy, Newborn Child and Adoption Fact Sheet
- Partial Disability: Stay at Work/Return to Work Factsheet
- Disability Insurance Policy
Basic and Core Life Insurance

Benefits package: Full (Basic), Mid-Level (Core) and Core (Core)

Who's covered: You

Who pays the premium: UC

Life insurance provides financial protection for your dependents in the event of your death, and can be important to their future security. UC automatically provides basic life insurance coverage for all eligible employees. And you may be eligible to buy additional coverage for yourself and your family members.

UC’s life insurance plans carry no exclusions based on the cause of death. They are group term life plans that provide coverage at special rates to group members—in this case, UC employees. UC’s life insurance is in effect only as long as you remain an eligible employee, and does not accumulate a cash value over time.

UC provides a minimum amount of life insurance coverage at no cost to you. The plan and amount of coverage varies, depending on your appointment rate and average regular paid time.

WHEN COVERAGE BEGINS

You must be actively at work in order for new or increased coverage to be effective.

WHAT THE PLANS COVER

BASIC LIFE

If you are eligible for the Full Benefits package, this plan provides life insurance equal to your annual base salary, up to $50,000.1 The coverage amount is based on your UC salary and appointment rate as of your date of hire or January 1 of the current year, whichever is later.

Benefits are paid to your beneficiaries if you die while employed or on paid leave, or during the first four months of approved leave without pay or temporary layoff. Your beneficiaries receive these benefits in addition to any other death benefits for which you may qualify.

CORE LIFE

If you are eligible for the Mid-Level or Core Benefits package, this plan provides $5,000 of life insurance.2 Benefits are paid to your beneficiaries if you die while employed or on paid leave, or during the first four months of approved leave without pay or temporary layoff. Your beneficiaries receive these benefits in addition to any other death benefits for which you may qualify.

OTHER FEATURES OF THE PLANS

LIVING BENEFIT OPTION

The “living benefit” option allows terminally ill employees to receive some of their life insurance benefits before death; the money can be used for any purpose. The insurance company pays you 75 percent of the total coverage amount in a lump sum or in 12 equal monthly installments. Benefits paid to your beneficiaries at the time of your death are reduced by the amount previously paid to you. See the life insurance plan booklet for more information.

EXTENDED DEATH BENEFIT

The Basic or Core Life insurance protection may continue up to one year beyond the date coverage terminates if you become totally disabled while covered under the plan and you are under age 65. You must remain continuously unable to engage in any occupation until the date of death. Protection continues for one year, until you reach age 65 or until your disability ends, whichever occurs first.

COST OF COVERAGE

UC pays the entire cost of your coverage for Basic or Core Life insurance. UC’s contribution toward the monthly cost of coverage is determined by UC and may change or stop altogether.

WHEN COVERAGE ENDS

If you wish to convert your coverage to an individual policy, you have 31 days from the date your coverage ends to submit your conversion application and appropriate premiums to Prudential, the plan administrator.

Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your plan booklet or call your plan for more information.

1 If you are a member of the California Public Employees’ Retirement System (CalPERS), CalPERS provides $5,000 of coverage and UC provides coverage equal to your annual base salary less $5,000, up to $45,000.

2 This plan does not cover CalPERS members.
Supplemental Life Insurance

EXCEPTION TO DUPLICATE UC COVERAGE RULE

You may be enrolled in Basic Life Insurance, Core Life Insurance or Senior Management Life Insurance and also be covered as a dependent of another UC employee.

BENEFICIARIES

You should designate your beneficiaries online by signing in to At Your Service Online. If you don’t name beneficiaries, benefits are paid to the first survivor in this list:

- Your legal spouse or domestic partner
- Your child or children, including your adopted children; if your child is deceased, your deceased child’s share will go to that individual’s child or children
- Your parent or parents
- Your sibling or siblings

If there is no such survivor, any lump sum death payment will be paid to your estate.

You may change your designated beneficiary at any time using At Your Service Online. Once your new designation is processed, all previous designations are invalid. Changes in your family situation—such as marriage, divorce or birth of a child—do not automatically alter or revoke your previous designations. A will also does not supersede a beneficiary designation. Prior designations remain valid until you change your designations online. However, a beneficiary designation may be subject to challenge if it will result in your spouse receiving less than your spouse’s community property share of the benefit.

If you do not have access to the Internet, you may complete UC’s Designation of Beneficiary form (UBEN 116), available from your Benefits Office.

Benefits package: Full and Mid-Level

Who’s covered: You

Who pays the premium: You

Eligible employees may supplement their Basic or Core Life insurance coverage by enrolling in this plan and paying monthly premiums. You can choose the amount of coverage that meets your needs up to the maximum listed under Coverage Amounts.

WHEN TO ENROLL

ENROLLMENT

To obtain coverage without the need for a statement of health, enroll during your first PIE or during a PIE that occurs as the result of the acquisition of a new family member. During a PIE that occurs as the result of the acquisition of a new family member, you can also increase your Supplemental Life Insurance. Otherwise you can enroll at any time, but a statement of health will be required.

ENROLLMENT WITH STATEMENT OF HEALTH

If you do not enroll in the Supplemental Life plan during a period of eligibility, you must submit an application, along with evidence of insurability, and be approved by the insurance company in order to enroll. Previous or current medical conditions may prevent your approval if you try to enroll outside of an eligibility period.

WHEN COVERAGE BEGINS

You must be actively at work in order for new or increased coverage to be effective. If you are on leave for health reasons on the day you become eligible for Supplemental Life coverage, your coverage will start the day after your first full day at work.

COVERAGE AMOUNTS

You may choose one of several coverage amounts:

- $20,000
- One times your annual salary, up to $250,000
- Two times your annual salary, up to $500,000
- Three times your annual salary, up to $750,000
- Four times your annual salary, up to $1 million

Coverage is based on your UC salary rounded to the nearest thousand and your appointment rate as of your date of hire or the full-time salary rate for your position as of January 1 of the
Supplemental Life Insurance

current year, whichever is later—even if you work part time. If your full-time salary rate is reduced, coverage will not be reduced until the beginning of the next calendar year.

Benefits are paid to your beneficiaries if you die while enrolled. They are payable in addition to any other death benefits for which you may qualify—for example, from the Basic Life insurance plan or your retirement plan.

PLAN FEATURES

LIVING BENEFIT OPTION
The “living benefit” option allows terminally ill employees covered by the plan to receive a portion of their life insurance benefits before death. The benefit—75 percent of the total coverage, up to $250,000—is paid directly to you in a lump sum or in 12 equal monthly installments. The money can be used for any purpose. The benefit that would otherwise be payable to your beneficiaries at death is reduced by this amount. Your life insurance plan booklet has more information.

WAIVER OF PREMIUM
If you become totally disabled before age 65 and your disability continues for six consecutive months, you may qualify for continuation of life insurance protection without paying the premiums.

You must provide written proof of your disability no later than one year after the disability starts and submit proof of your continuing disability each year. Your life insurance will continue until you reach age 70, as long as you remain totally disabled.

You may need to continue your premium payments to your Payroll or Benefits Office while your application is pending. See your insurance booklet or call the insurance carrier for more information.

COST OF COVERAGE
Your cost for Supplemental Life depends on your age and the amount of coverage you purchase. Use the online Premium Estimator for Life Insurance (ucal.us/lifepremiumestimator) to determine your monthly premium.

WHEN COVERAGE ENDS
If you leave UC employment, you are no longer eligible for Supplemental Life insurance. You may port or convert your coverage if you apply within 31 days of the date your UC-sponsored coverage ends.

The portability benefit allows you to continue your current UC Supplemental life coverage at Prudential’s Portability group term-life rates, which are lower than the conversion premium rates. A statement of health is not required, but you must submit proof of good health satisfactory to Prudential to qualify for preferred rates. There are additional requirements for portability. See the Supplemental Life Insurance plan booklet for details.

You may also convert to an individual policy without a statement of health.

You have 31 days from the date your coverage ends to submit your application and the appropriate premiums to Prudential. See your Benefits Office for more information.

Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your plan booklet or call your plan for more information.
Dependent Life Insurance

Benefits package: Full and Mid-Level

Who's covered: Your spouse or domestic partner and/or your eligible children

Who pays the premium: You

UC offers two plans for insuring your eligible family members. You can enroll your dependents in the Basic Dependent Life plan if you are enrolled in Basic Life or in the Expanded Dependent Life plan (which provides more coverage) if you are also enrolled in the Supplemental or Senior Management Life plan. You may cover your family members under either plan, but not under both.

WHEN TO ENROLL

To obtain coverage for a spouse or domestic partner without the need for a statement of health, enroll during your own initial PIE, or if the marriage or partnership occurs later, during the 31-day PIE following the marriage or partnership date. Otherwise they can be enrolled only by submitting an application along with evidence of insurability, and the insurance company decides whether to approve the application. A spouse or domestic partner may not be enrolled during a PIE resulting from the birth or adoption of a child.

Children may be enrolled during their PIE or at any time without a statement of health.

ELIGIBILITY

If both you and a family member are UC employees, you may choose to cover yourself under the Supplemental Life plan or, if eligible, under your family member’s Dependent Life plan. You cannot be covered by both plans.

If you miss your period of initial eligibility, you must submit an application along with evidence of insurability when enrolling a spouse or domestic partner. The insurance company decides whether to approve the application. This is not required for children—children may be enrolled at any time.

You may transfer your dependents from the Expanded plan to the Basic plan at any time. However, to transfer your spouse or domestic partner from the Basic plan to the Expanded plan, you must submit an application, along with a statement of health, for that person.

WHAT THE PLANS COVER

BASIC DEPENDENT LIFE

This plan covers your spouse or domestic partner and/or your eligible children; the benefit is $5,000 for each dependent. See pages 13 and 14 for each family member’s requirements for eligibility. You are the beneficiary if a covered dependent dies.

EXPANDED DEPENDENT LIFE

You may choose to cover:

• Your legal spouse or domestic partner with a benefit amount equal to 50 percent of your Supplemental Life insurance amount, up to a maximum benefit of $200,000, and/or
• Your eligible children with a benefit of $10,000 each

You are the beneficiary if a covered dependent dies. You may designate someone else to receive benefits if a covered spouse or domestic partner dies. You cannot designate an alternate beneficiary for covered children. Use the Designation of Alternate Beneficiary—Expanded Dependent Life and AD&D Insurance form (UBEN 119), available online at ucal.us/UBEN119.

Living Benefit Option: This option allows a terminally ill spouse or domestic partner covered for at least one year to receive some life insurance benefits before death. The benefit—50 percent of the total benefit, up to $50,000—is paid directly to the spouse or partner in a lump sum or in 12 equal monthly installments. The money can be used for any purpose. The benefit that would otherwise be payable to beneficiaries at death is reduced by the amount paid to the spouse or partner. Your life insurance plan booklet has more information.

COST OF COVERAGE

Use the online Life Insurance Premium Estimator (ucal.us/lifepremiumestimator) to determine your monthly premium.

WHEN COVERAGE BEGINS

If your dependent is confined for medical care or treatment, your dependent’s new or increased coverage will begin on the first day after medical release. This does not apply to your newborn child.
Dependent Life Insurance

WHEN COVERAGE ENDS

If you leave UC employment, you are no longer eligible for Basic or Expanded Dependent Life insurance. You may port or convert your coverage if you apply within 31 days of the date your UC-sponsored coverage ends.

If you participate in Prudential’s group term-life Portability benefit for your Supplemental Life insurance (see page 36), you may also continue Dependent Life coverage within the same Portability benefit. See your Benefits Office for more information.

You may also convert your Dependent Life to an individual policy without a statement of health if:

- Your UC-sponsored coverage ends, or
- You become totally disabled and you are covered under the Supplemental Life waiver of premium benefit.

You have 31 days from the date your coverage ends to submit your application and the appropriate premiums to Prudential, the plan administrator.

Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your plan booklet or call your plan for more information.

FOR MORE INFORMATION

This is an overview of your life insurance benefits. You'll find more information and tools, such as a life insurance needs estimator, on Prudential’s microsite for UC employees (prudential.com/uc). A copy of the life insurance plan booklet is available online at ucal.us/EOCs.
Accidental Death and Dismemberment Insurance

**Benefits package:** Full, Mid-Level, Core

**Who's covered:** You and your eligible family members

**Who pays the premium:** You

The financial impact of an accident can be devastating. To help protect you and your family from the financial hardship of an unforeseen accident, UC offers Accidental Death and Dismemberment (AD&D) insurance.

**WHEN TO ENROLL**

You may enroll at any time.

**WHAT THE PLAN COVERS**

The plan provides $10,000 to $500,000 coverage for accidental death, dismemberment or loss of sight, speech or hearing caused by an accident. It offers three levels of coverage:

- Individual coverage for you only
- Family coverage for you, your spouse or eligible domestic partner and your child(ren)
- Modified family coverage for you and your child(ren)

If you are on leave for health reasons on the day you become eligible for coverage, your coverage starts the day after your first full day at work.

**THE PLAN OFFERS THESE ADDITIONAL BENEFITS:**

- **Seatbelt Benefit:** The plan pays an additional 10 percent if you or a covered family member dies in a car accident while using a seatbelt or airbag.

- **Indemnity for a Child's Dismemberment or Paralysis:** The plan pays a percentage of the covered amount if an accident causes irreversible paralysis of a covered child. The percentage payable depends on the degree of the paralysis.

- **Rehabilitation Benefit:** The plan will pay up to $10,000 for covered rehabilitative expenses for two years after the date of an accident that causes dismemberment or paralysis. Work-related injuries covered under Workers’ Compensation or other similar laws are excluded.

- **Education Benefit:** Under family or modified family coverage, if you die in a covered accident, the plan pays for your child’s higher education—the lesser of the actual tuition, 5 percent of your coverage amount, or $1,500 annually. The child must be enrolled in an institution of higher learning on the date of the accident, or be a high school student and enroll in an institution of higher learning within 365 days of high school graduation.

- **Day Care Benefit:** The plan will pay for up to four years of day care expenses (up to the plan limit) for covered children under age 13 if you die due to a covered accident.

- **Repatriation of Remains:** If you or a covered dependent suffer an accidental death while at least 100 miles from home, the plan will pay for covered expenses up to $50,000 to return your body or the body of a covered dependent to your home.

- **Common Disaster Benefit:** If you and your covered spouse or eligible domestic partner both die within 90 days of the same covered accident, your spouse’s or eligible domestic partner’s principal benefit amount will be increased to equal yours to a maximum of $500,000.

- **Coma Benefit:** The plan will pay a portion of your benefits when a covered accident renders you or a covered family member comatose within 30 days of the accident.

- **Natural Disaster:** The plan will pay an additional 10 percent if you or a covered family member suffers loss as a result of an officially declared natural disaster (i.e., storm, earthquake, flood).

- **Permanent and Total Disability Benefit** (for employee only): See plan booklet for details.

**COST OF COVERAGE**

Your cost depends on the level of coverage and coverage amount you choose. Use the rate chart online at ucal.us/adanddpremiums to determine your monthly premium.

**WHEN COVERAGE ENDS**

If you leave UC employment, you may convert your coverage to an individual policy if you apply within 31 days of the date your UC-sponsored coverage ends.

Conversion options are generally more expensive and may provide fewer benefits than UC-sponsored plans. See your plan booklet or call your plan for more information.
Accidental Death and Dismemberment Insurance

EXCLUSIONS
There are certain exclusions under the AD&D insurance. See your plan booklet for more information.

FOR MORE INFORMATION
This is only an overview of your AD&D benefits. The AD&D plan booklet, available online at ucal.us/EOCs, provides additional details.
Business Travel Accident Insurance

**Benefits package:** Full, Mid-Level, Core

**Who’s covered:** You and your traveling companion(s)

**Who pays the premium:** UC

UC faculty and staff traveling on official UC business are covered, at no cost to you, worldwide 24 hours a day for a variety of accidents and incidents.

**WHAT THE PLAN COVERS**

The coverage includes:

- Accidental death
- Accidental dismemberment
- Paralysis
- Permanent total disability benefits
- Evacuation in the event of a security emergency
- Travel assistance services when you are 100+ miles from your home and workplace (see below for more information)

Your spouse/domestic partner, dependent child(ren) or other traveling companion are covered when accompanying you on a business trip.

**TRAVEL ASSISTANCE SERVICES**

In addition to insurance protection, the plan gives you access to travel services around the world, including:

- Medical assistance such as referral to a doctor or medical specialist, medical monitoring if you are hospitalized, emergency medical evacuation to an adequate facility, medically necessary repatriation and return of remains
- Personal assistance such as embassy and consular information, assistance with lost documents, emergency message transmission, emergency cash advance, emergency referral to a lawyer, access to a translator or interpreter, medical benefits verification and assistance with medical claims
- Travel assistance, including emergency travel arrangements for the return of your traveling companion or dependents

**HOW THE PLAN WORKS**

When you travel on official university business, you are automatically covered by UC’s business travel insurance when you make your arrangements through any of UC’s preferred travel agencies found in Connexxus, UC’s systemwide travel program. For all other travel, you must register your travel online at ucop.edu/risk-services/loss-prevention-control/travel-assistance. Once registered, you will receive confirmation of coverage for your trip and information to use in the event of an emergency.

You will also receive current travel alerts for your destination and information about changing conditions that may arise during the course of your travel. The plan also gives you access to general information about your destination, including information about security, health, communications and technology, transportation, legal, entry and exit, financial, weather and environment, language and culture.

**BENEFICIARIES**

For purposes of accidental death benefits, the insurance company automatically designates as your beneficiary the first survivor in this list:

- Your legal spouse or domestic partner
- Your child or children
- Your mother or father
- Your sisters or brothers
- Your estate

If you wish to designate your beneficiaries differently than this sequence, you must complete a Faculty Beneficiary Designation form which can be requested by calling UC Risk Services at 510-987-9832.

Your beneficiary designation remains in effect until it is either changed or revoked. It does not automatically end with the return from a business trip.

**FOR MORE INFORMATION**

Additional information, including frequently asked questions, a summary of coverage and claim forms is available online at ucal.us/businesstravel
Legal Insurance

Benefits package: Full, Mid-Level, Core

Who’s covered: You and your family members

Who pays the premium: You

Most people need legal advice at one time or another, but high legal fees may prevent you from getting the necessary assistance. For a small monthly premium, UC offers the ARAG Legal Insurance plan, which gives you access to a range of legal services. The plan provides assistance with routine matters and covers most basic legal needs.

You may enroll during your PIE. Enrollment may also be offered during Open Enrollment in some cases.

WHAT THE PLAN COVERS

- Legal advice, representation and preparation for covered matters or review of specific documents in-office from an ARAG network attorney
- Network attorney fees are paid in full for most covered matters. For any personal legal matter not covered and not excluded—including immigration assistance—receive at least 25% off a network attorney’s normal hourly rate.
- Legal advice via phone from ARAG’s nationwide network of telephone attorneys
- Estate planning documents, including wills, trusts, powers of attorney and healthcare directive
- Family legal matters, including divorce, separation and annulment (with a 25-hour cap in coverage if contested); pre-nuptial agreements; child custody and support; visitation and/or alimony; adoption, guardianship/conservatorship; executor appointment; elder care and name change
- Identity Theft Protection, including single-bureau credit monitoring, internet surveillance, child identity monitoring, full-service identity restoration, lost wallet services, change of address monitoring and identity theft insurance
- Consumer protection issues including personal bankruptcy, debt collection defense and legal representation for enforcement of warranties or promises in connection with lease or purchase of goods or services
- Real estate matters including purchase, sale or refinance, home equity/construction loans, real estate disputes and residential contractor disputes
- Tax planning, preparation and audit support
- Assistance with administrative hearings including educational, building/zoning/easements, Social Security/veterans/Medicare benefits, and more
- Domestic violence protective orders
- Defense of traffic offenses, including traffic tickets
- Driving privilege protection
- Defense of misdemeanor charges such as trespassing, public intoxication and vandalism
- General In-Office—four hours of attorney time per family per certificate year for advice, negotiation and service for personal legal matters that are not covered or excluded
- Online legal tools and resources, such as DIY Docs® that enable you to create documents like a standard will, power of attorney, child medical authorization, HIPAA authorization, contractor agreement and more

Go to araglegal.com/ucinfo or refer to the plan booklet for the full list of covered services, plan limitations and exclusions.

HOW TO USE THE PLAN

Before consulting any attorney, call ARAG to be sure the plan serves you to your best advantage. When you call ARAG, a customer care specialist will advise you on the services the plan will cover and send you a CaseAssist confirmation package, which includes a description of coverage and a list of network attorneys available in your area.

All network attorneys have met ARAG’s requirements and agreed to provide the services described in the plan booklet. When you use a network attorney, fees for most covered matters are paid in full.

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1 The Identity Theft Insurance is underwritten and administered by American Bankers Insurance Company of Florida, an Assurant company. Please refer to the actual policies for terms, conditions, and exclusions of coverage. Coverage may not be available in all jurisdictions. Please see the identity theft plan summary for details.

2 There is a flat $50.00 charge for each personal tax return prepared (federal, state, local), limited to the preparation of tax forms 1040, 1040A or 1040EZ (includes Schedule A, Schedule B and Schedule D). If the tax return requires any other schedules, an additional fee of $60.00 per hour will be billed to the member. If a different type of personal tax return is required, the member will be billed $60 per hour for the preparation of the return and any schedules.
ARAG network attorneys provide services in two ways:

- **Telephone:** You may call a telephone network attorney who will either work with you over the phone or recommend that you meet with an attorney in person. Using telephone network attorneys can help you get the most from the plan.

- **Office appointments:** The plan covers a wide range of legal matters, most of which are fully paid when you work with a network attorney. For matters not listed, and not excluded, the plan provides a general in-office benefit for up to four hours per year. See the plan booklet available online at ucal.us/EOCs for details.

If you prefer, you may use an attorney outside the ARAG network on a matter covered under the plan. In that case, the plan reimburses you up to the benefit amount indicated in the plan booklet.

**COST OF COVERAGE**

Your monthly cost depends on whether you choose individual or a family coverage option. See the plan costs online at ucal.us/legal.

**WHEN COVERAGE ENDS**

If you leave UC employment, you may convert your coverage to an individual policy if you apply within 31 days of the date your UC-sponsored coverage ends. See your plan booklet or call ARAG for more information.

**FOR MORE INFORMATION**

Visit the ARAG website: araglegal.com/ucinfo

See the plan booklet online at ucal.us/EOCs

Call ARAG: 800-828-1395 or TTD: 800-383-4184, Monday–Friday, 9 a.m.–5 p.m. (PT)
Pet Insurance

**Benefits package:** Full, Mid-Level, Core

**Who’s covered:** Pets owned by you or your eligible family members

**Who pays:** You pay premiums directly to Nationwide

Nationwide offers preferred pricing on pet insurance for UC faculty, staff and retirees. Plans are available for dogs, cats, birds, small mammals and exotics (such as reptiles); animals categorized as livestock (including horses) are not eligible.

You can enroll in pet insurance at any time, and your coverage will be effective approximately 14 days after your application is approved by Nationwide. Once enrolled, your policy will renew automatically each year.

**WHAT THE PLAN COVERS**

Nationwide offers two benefit options—coverage for accidents and illness or more comprehensive coverage that also includes preventive care and wellness services. For more information about what types of care are covered with each option, visit petinsurance.com/uc. Pre-existing conditions are excluded from coverage.

**HOW THE PLAN WORKS**

Learn more and enroll on the Nationwide website at petinsurance.com/uc. To enroll in coverage for your bird, small mammal, reptile or other exotic pet, or to speak to a representative, call Nationwide at 877-738-7874.

You’re free to visit any licensed veterinarian, anywhere in the world—even specialists and emergency providers. Simply pay your vet bill and then send Nationwide a claim for reimbursement via mail, email or the free VitusVet mobile app.

**COST OF COVERAGE**

Premiums vary depending on your type of pet and where you live, and you’ll pay your premiums directly to Nationwide.

**WHEN COVERAGE ENDS**

If you leave UC, no action is required and the policy will automatically remain active. However, the premium may change at policy renewal, as group preferred pricing may no longer apply.

**FOR MORE INFORMATION**

Petinsurance.com/uc
877-738-7874
Family Care Resources

Benefits package: Full, Mid-Level, Core

Who's covered: You and your family members

Who pays: UC pays for access; you pay for care

Finding the right caregivers for loved ones is one of the toughest challenges many working families face. UC offers Bright Horizons Care Advantage, a program that helps employees find the right match for their family care needs, including child care centers, nannies, babysitters, elder care planning, pet care, tutoring/test prep, and more. Their online resources help you find quality caregivers—especially on short notice—so that you can get to the office or classroom with minimal disruption.

Bright Horizons Care Advantage includes access to:

- Sittercity, which offers individual in-home caregivers, including babysitters, nannies, senior caregivers, pet sitters, tutors and housekeepers
- Years Ahead, which offers a nationwide network of memory and hospice care facilities, independent and assisted living communities, and in-home health care and senior care companions
- Preferred enrollment at select Bright Horizons centers nationwide, tuition discounts at partner centers and discounted tutoring and test prep through BrightStudy

COST OF COVERAGE

UC pays the fee that gives you access to the Care Advantage website. You make arrangements with the providers you hire, including all payments to them.

WHEN COVERAGE ENDS

If you leave UC employment or move to an ineligible position, you may convert your Bright Horizons Care Advantage account to an individual consumer membership for an annual fee (about $140/year).

FOR MORE INFORMATION

careadvantage.com/universityofcalifornia
888-748-2489

HOW THE PLAN WORKS

On the UC-specific Bright Horizons Care Advantage website (careadvantage.com/universityofcalifornia), you can register for Sittercity and/or Years Ahead. You must register for each separately. Once you’ve registered, you can read provider profiles and reviews to help you find the right caregiver for you. Sittercity allows you to post jobs and providers can respond. Years Ahead offers certified senior care advisers to help you and your family through the process of finding the right caregiver.

Bright Horizons Care Advantage also offers preferred enrollment and tuition discounts at some Bright Horizons child care centers and discounts on tutoring and test prep services through BrightStudy. Use the center search locator on the Care Advantage website to identify centers near you that participate in preferred enrollment or offer a discount. Sign up online to learn more about BrightStudy, and a representative will contact you to help you find the resources you need.

1 Participation in Bright Horizons Care Advantage is subject to bargaining with individual unions at UC. Contact your local Benefits Office to find out whether your union is participating in Bright Horizons Care Advantage benefit.
Health and Dependent Care Flexible Spending Account Plans

Benefits package: Full, Mid-Level, Core

Who's covered: You

Who pays: You

UC’s Health and Dependent Care Flexible Spending Account plans (FSAs) allow you to pay for eligible out-of-pocket expenses for yourself and your eligible family members on a pretax basis. As a result, your salary is reduced before taxes are assessed, and you pay less in taxes.

ELIGIBILITY

You are eligible to enroll in the Health and Dependent Care Flexible Spending Accounts while you are eligible for Full, Mid-level or Core Benefits, except that if you enroll in the UC Health Savings Plan for your medical coverage, you cannot enroll in the Health FSA.

ENROLLMENT AND CHANGES IN PARTICIPATION

You may enroll when you first become eligible, when you have an eligible change in family or employment status, or during Open Enrollment. If you enroll in the UC Health Savings Plan for your medical coverage, you cannot enroll in the Health FSA.

You enroll in the FSAs for the plan year, which ends on December 31 of each year. You must re-enroll during Open Enrollment to participate the following year.

You may also change your contribution or cancel participation during a 31-day period of eligibility resulting from an eligible change in family or employment status. Midyear changes must be on account of and consistent with the change in status. See the Health or DepCare FSA Summary Plan Description for details regarding what types of changes are allowed.

Enrollment and changes in contributions take effect on the first of the month following the action taken, subject to payroll deadlines.

HOW THE PLANS WORK

You determine the annual amount of your contributions to a plan, subject to the contribution limit for that plan. An equal portion of that amount is deducted from your paycheck and credited to your Health FSA and/or DepCare FSA account. When you have eligible expenses, you pay them from your account.

It’s important to estimate your annual expenses carefully, because, based on Internal Revenue Service (IRS) regulations and plan rules, you may need to forfeit unclaimed funds in your account after the closing date for the plan year.

Each plan has its own rules, so be sure to read the details about each plan below.

PLAN ADMINISTRATION

WageWorks is the plan administrator for the FSAs; they handle all claims processing and reimbursement. WageWorks must receive claims for a plan year by April 15 of the following year in order to reimburse the expenses; for example, they must receive claims for the 2020 plan year by April 15, 2021.

HEALTH FSA

The Health FSA allows you to pay for eligible out-of-pocket health care expenses on a pretax basis. The Health FSA covers expenses for yourself, your legal spouse, your children up to age 26 or anyone else you claim as a dependent on your federal income tax return. Expenses must meet the requirements of Internal Revenue Code (IRC) §213(d) in order to be eligible for reimbursement.

Eligible expenses include:

- Copayments and deductibles, but not premiums
- Prescription drugs
- Orthodontia
- Eyeglasses and contact lenses
- Laser eye surgery
- Other health care expenses that are not reimbursed by your medical, dental or vision plan

Note that while an expense may be an eligible tax deduction, it may not be an eligible expense under the Health FSA (for example, medical plan premiums). Expenses reimbursed under the Health FSA may not be deducted on your federal income tax form.
Health and Dependent Care Flexible Spending Account Plans

The Health FSA includes a feature that lets you carry over up to $500 of unused funds to the next plan year, as long as you are enrolled in the FSA through Dec. 31. With the carryover, if your balance is less than $500, you do not have to rush to spend all of your Health FSA funds or worry about losing money when the current plan year ends—even if you do not re-enroll for the next plan year. Here’s how it works:

- You have until Dec. 31 of the plan year to incur eligible expenses, and until April 15 of the following year to file them.
- In May, after claims submitted by the April 15 filing deadline have been processed, unused funds up to $500 will be credited automatically to your account. Unused funds greater than $500 will be forfeited. For example, funds carried over from 2020 will be available beginning May 15, 2021, and can be used toward eligible expenses incurred during 2021.
- If you do not re-enroll for the next plan year, you may still carry over up to $500, but only for one year. In addition, if you do not re-enroll you must have at least $25 remaining in your account to be able to carry over funds to the next plan year. Funds under $25 are forfeited.

If you enroll midyear, expenses incurred before the date your enrollment is effective are not eligible for reimbursement. The effective date generally is the first of the month following your enrollment, but it may be later, depending on payroll deadlines.

If you enroll in the Health FSA, you will be issued a Benefit Card that can be used to pay for eligible health care expenses at approved health care merchants such as doctors’ offices and pharmacies. Instead of paying first and then filing a claim for reimbursement, the expenses are automatically deducted from your account. In most cases you will need to provide WageWorks, the plan administrator, with documentation to substantiate the eligibility of your expenses.

Expenses submitted for reimbursement are carefully evaluated against the IRC eligibility requirements. If your expenses are not clearly eligible according to the IRC, you will need to submit additional information to WageWorks and you may not be reimbursed for these expenses. See the WageWorks website (wageworks.com/ucfsa) or the Health FSA Summary Plan Description for more information.

CONTRIBUTION LIMITS AND FORFEITURE RULES

You may contribute a minimum of $180 to a maximum of $2,700 annually to your Health FSA. If both you and your spouse are UC employees, you may each contribute up to $2,700. The carryover does not count against the $2,700 maximum contribution. You may carry over up to $500 and still elect to contribute $2,700.

Be sure to estimate your expenses carefully before enrolling. Unless you experience a permitted status change (see the Health FSA Summary Plan Description for details), once elected, you cannot change the amount of your contribution if you miscalculate your anticipated expenses or misunderstand what expenses are eligible. As noted above, you may be required to forfeit some unclaimed funds in your account after the closing date for the plan year.

WHEN COVERAGE ENDS OPPORTUNITIES FOR CONTINUATION

If you lose eligibility for the Health FSA, you may continue your participation through COBRA.

DEPENDENT CARE FSA

The DepCare FSA allows you to pay for eligible expenses for care of your child or eligible adult dependent on a pretax basis. After you incur eligible dependent care expenses, you submit a claim form and receipts for the expenses to WageWorks, the plan administrator. WageWorks reimburses you through an automatic deposit to your bank or by check.

ELIGIBLE EXPENSES

Dependent care must be necessary so that you, or you and your spouse, can work or look for work. You must have work income during the year in order to participate in the DepCare FSA. If you are married, your spouse must also have earned income during the year, unless your spouse is incapable of self-care or is a full-time student.

If care is provided in a day-care center, the center must charge a fee. If the center cares for six or more children who are not residents, it must comply with all state and local licensing laws and applicable regulations.

Eligible expenses must be for the following eligible family members:

- A child under age 13 in your custody whom you claim as a dependent on your tax return;
- A legal spouse (as defined under federal law) who is physically or mentally incapable of self-care; and
- A dependent who lives with you—such as a child over age 13, a parent, sibling, in-law or other adult—who is physically or mentally incapable of self-care, and whom you claim as a dependent on your tax return.

If care is provided outside the home for a spouse or a family member age 13 or older, either of whom is incapable of self-care, the spouse or family member must live in your home at least eight hours each day.

There is no carryover feature in the DepCare FSA, but the plan has a grace period which allows you to submit eligible...
expenses for reimbursement if you incur those expenses between Jan. 1 and March 15 of the following year.

All claims (whether incurred during the calendar year or the grace period) must be submitted by the filing deadline, April 15 of the following year.

Expenses incurred after your DepCare FSA participation ends are not eligible for reimbursement. If you enroll midyear, expenses incurred before the date your enrollment is effective are not eligible for reimbursement. The effective date generally is the first of the month following your enrollment, but may be later depending on payroll deadlines.

Expenses submitted for reimbursement are carefully evaluated against the IRC requirements for eligible expenses. If your expenses are not clearly eligible according to the IRC, you will need to submit additional information to WageWorks and you may not be reimbursed for these expenses. In some cases, you may need a tax adviser’s statement certifying the eligibility of the expense.

See the WageWorks website (wageworks.com/ucfsa), IRS Publication 503, Child and Dependent Care Expenses (available on the IRS website at irs.gov) or the DepCare FSA Summary Plan Description for more information.

CONTRIBUTION LIMITS AND FORFEITURE RULES
When you enroll in the DepCare FSA, you determine how much you want deducted from your monthly pay, from a minimum of $180 per year ($15 per month) to the least of:

• $5,000 per plan year ($2,500 if you are married and filing a separate income tax return);
• Your total earned income; or
• Your spouse’s total earned income. (You may not contribute to the DepCare FSA if your spouse’s earned income is $0 and your spouse is capable of self-care or is not a full-time student.)

The maximum contribution to the DepCare FSA is the same regardless of your marital status or the number of eligible dependents.

If your spouse is also eligible to participate in UC’s or another employer’s dependent care FSA, your combined contributions cannot exceed the contribution maximum.

Be sure to estimate your expenses carefully before enrolling. Unless you experience a permitted status change (see DepCare FSA Summary Plan Description for details) once elected, you cannot change the amount of your contribution due to miscalculating your anticipated expenses or to misunderstanding what expenses are eligible. The IRS requires that you forfeit any unclaimed funds in your account after the closing date for the plan year.

DEPCARE FSA AND DEPENDENT CARE TAX CREDIT
Your participation in the DepCare FSA may or may not provide more tax savings than using the federal dependent care tax credit. Any payment from the DepCare FSA reduces, dollar for dollar, the expenses eligible for the dependent care tax credit. Your tax savings from the FSA depend on your particular tax situation. For a general comparison of the DepCare FSA with the tax credit, see the DepCare FSA Summary Plan Description.

If you need specific advice about how the DepCare FSA applies to your tax situation, please consult a tax adviser.

WHEN COVERAGE ENDS
If you lose eligibility for DepCare FSA, contributions and coverage end. There are no options to continue or convert your coverage.

FOR MORE INFORMATION
This is only an overview of the Health and DepCare Flexible Spending Account plans. Be sure to review the Summary Plan Descriptions, available online at ucal.us/EOCs. Additional information about the FSA plans is available on the WageWorks website (wageworks.com/ucfsa).
PARTICIPATION TERMS AND CONDITIONS

Your Social Security number, and that of your enrolled family members, is required for purposes of benefit plan administration, for financial reporting, to verify your identity, and for legally required reporting purposes all in compliance with federal and state laws.

If you are confirmed as eligible for participation in UC-sponsored plans, you are subject to the following terms and conditions:

• With the exception of benefits provided or administered by Optum Behavioral Health, UC-sponsored medical plans require resolution of disputes through arbitration. With regard to each plan, by your written or electronic signature, it is understood and you agree that any dispute as to medical malpractice—that is, as to whether any medical services rendered under the contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered—will be determined by submission to arbitration as provided by California law and not by a lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Both parties to the contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead are accepting the use of arbitration. For more information about each plan’s arbitration provision please see the appropriate plan booklet or call the plan.

• UC and UC health and welfare plan vendors comply with federal/state regulations related to the privacy of personal/confidential information including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as applicable. To fulfill the responsibilities and perform the service required under contracts with UC, health plans and associated service vendors may share UC member health information between and among each other within the limits established by HIPAA and federal/state regulations for purposes of health care operations, payment, and treatment. A member’s requested restriction on the sharing of specified protected health information for health care operations, payment, and treatment will be honored as required by HIPAA.

• By making an election with your written or electronic signature you are authorizing the University to take deductions from your earnings (employees)/monthly Retirement Plan income (retirees)/designated bank account (direct payment retirees) to cover your contributions toward the monthly costs (if any) for the plans you have chosen for yourself and your eligible family members. You are also authorizing UC to transmit your enrollment demographic data to the plans in which you are enrolled.

• You are subject to all terms and conditions of the UC-sponsored plans in which you are enrolled as stated in the plan booklets and the University of California Group Insurance Regulations.

• By enrolling individuals as your family members you are certifying that those individuals are eligible for coverage based on the definitions and rules specified in the University of California Group Insurance Regulations and described in UC health and welfare plan eligibility publications. You are also certifying under penalty of perjury that all the information you provide regarding the individuals you enroll is true to the best of your knowledge.

• If you enroll individuals as your family members you must provide, upon request, documentation verifying that those individuals are eligible for coverage. The carrier may also require documentation verifying eligibility. Verification documentation includes, but is not limited to, marriage or birth certificates, domestic partner verification, adoption papers, tax records and the like.

• If your enrolled family member loses eligibility for UC-sponsored coverage (for example because of divorce or loss of eligible child status) you must notify UC by de-enrolling that individual. If you wish to make a permitted change in your health or flexible spending account coverage you must notify UC within 31 days of the eligibility loss event; for purposes of COBRA, eligibility loss notice must be provided to UC within 60 days of the family member’s loss of coverage. However, regardless of the timing of notice to UC, coverage for the ineligible family member will end on the last day of the month in which the eligibility loss event occurs (subject to any continued coverage option available and elected).

• Making false statements about satisfying eligibility criteria, failing to timely notify the University of a family member’s loss of eligibility, or failing to provide verification documentation when requested may lead to de-enrollment of the affected family members. Employees/retirees may also be subject to disciplinary action and de-enrollment from health benefits and may be responsible for any cost of benefits provided and UC-paid premiums due to misuse of plan.

• Under current state and federal tax laws, the value of the contribution UC makes toward the cost of health coverage provided to domestic partners and certain other family members who are not “your dependents” under state and federal tax rules may be considered imputed income that will be subject to income taxes, FICA (Social Security and Medicare), and any other required payroll taxes. (Coverage provided to California registered domestic partners is not subject to imputed income for California state tax purposes.)

• If you specifically ask UC representatives to intercede on your behalf with your insurance plan, University representatives will request the minimum necessary protected health information required to assist you with your problem. If more protected health information is needed to solve your problem, in compliance with state laws and federal privacy laws (including HIPAA), you may be required to sign an authorization allowing UC to provide the health plan with
Legal Notifications

relevant protected health information or authorizing the health plan to release such information to the University representative.

- Actions you take during Open Enrollment will be effective the following January 1 unless otherwise stated—provided all electronic and form transactions have been completed properly and submitted timely.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT OF 1996 (HIPAA) NOTIFICATION FOR MEDICAL PROGRAM ELIGIBILITY

If you are declining enrollment for yourself or your eligible family members because of other medical insurance or group medical plan coverage, you may be able to enroll yourself and your eligible family members in a UC-sponsored medical plan if you or your family members lose eligibility for that other coverage (or if the employer stops contributing toward the other coverage for you or your family members). You must request enrollment within 31 days after you or your family member’s other medical coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a newly eligible family member as a result of marriage or domestic partnership, birth, adoption, or placement for adoption, you may be eligible to enroll your newly eligible family member. If you are an employee you may be eligible to enroll yourself, in addition to your eligible family member(s). You must request enrollment within 31 days after the marriage or partnership, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible family member because of coverage under Medicaid (in California, Medi-Cal) or under a state children’s health insurance program (CHIP) you may be able to enroll yourself and your eligible family members in a UC-sponsored plan if you or your family members lose eligibility for that coverage. You must request enrollment within 60 days after your coverage or your family members’ coverage ends under Medicaid or CHIP.

Also, if you are eligible for health coverage from UC but cannot afford the premiums, some states have premium assistance programs that can help pay for coverage. For details, contact the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services at www.cms.gov or 1-877-267-2323 ext. 61565.

If you do not enroll yourself and/or your family member(s) in medical coverage within the 31 days when first eligible, within a special enrollment period described above or within an Open Enrollment period, you may be eligible to enroll at a later date. However, even if eligible, each affected individual will need to complete a waiting period of 90 consecutive calendar days before medical coverage becomes effective and employee premiums may need to be paid on an after-tax basis (retiree premiums are always paid after-tax). Otherwise, you/they can enroll during the next Open Enrollment Period.

To request special enrollment or obtain more information, employees should contact their local Benefits Office and retirees should call the UC Retirement Administration Service Center (800-888-8267).

Note: If you are enrolled in a UC medical plan you may be able to change medical plans if:

- you acquire a newly eligible family member; or
- your eligible family member loses other coverage.

In either case you must request enrollment within 31 days of the occurrence.

In addition to the special enrollment rights you have under HIPAA, the University’s Group Insurance Regulations (GIRs) permit you to change medical plans under certain other conditions. See UC GIRs for additional detail, available at ucnet.universityofcalifornia.edu.

1 To be eligible for plan membership, you and your family members must meet all UC employee or retiree enrollment and eligibility requirements. As a condition of coverage, all plan members are subject to eligibility verification by the University and/or insurance carriers, as described above in the participation terms and conditions.
NOTICE REGARDING ADMINISTRATION OF BENEFITS

By authority of the Regents, University of California Human Resources, located in Oakland, administers all benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University of California Group Insurance Regulations, group insurance contracts, and state and federal laws. No person is authorized to provide benefits information not contained in these source documents, and information not contained in these source documents cannot be relied upon as having been authorized by the Regents. Source documents are available for inspection upon request (800-888-8267). What is written here does not constitute a guarantee of plan coverage or benefits—particular rules and eligibility requirements must be met before benefits can be received. The University of California intends to continue the benefits described here indefinitely; however, the benefits of all employees, retirees and plan beneficiaries are subject to change or termination at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and monthly costs at any time. Health and welfare benefits are not accrued or vested benefit entitlements. UC's contribution toward the monthly cost of the coverage is determined by UC and may change or stop altogether, and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively represented bargaining unit, some of your benefits may differ from the ones described here. For more information, employees should contact their Human Resources Office and retirees should call the UC Retirement Administration Service Center (800-888-8267).

In conformance with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Please send inquiries regarding the University's affirmative action and equal opportunity policies for staff to Systemwide AA/EEO Policy Coordinator, University of California, Office of the President, 1111 Franklin Street, 5th Floor, Oakland, CA 94607, and for faculty to the Office of Academic Personnel and Programs, University of California, Office of the President, 1111 Franklin Street, Oakland, CA 94607.
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<td>$250 copayment</td>
<td>No charge</td>
<td>$200 copay per visit</td>
</tr>
<tr>
<td>HMO</td>
<td>No charge</td>
<td>$75 (waived if admitted)</td>
<td>No charge</td>
</tr>
<tr>
<td>In-Network: Anthem UC Care (HMO)</td>
<td>20% 20% 50%</td>
<td>20% 20% 50%</td>
<td>50% 50% (non-preferred providers and 24 visit limit/calendar year)</td>
</tr>
<tr>
<td>Out-of-Network:</td>
<td>20% (24 visit limit/calendar year)</td>
<td>20% (24 visit limit/calendar year)</td>
<td>20% (24 visit limit/calendar year)</td>
</tr>
<tr>
<td>UC Health Savings Plan (PPO)</td>
<td>20%</td>
<td>20%</td>
<td>20%</td>
</tr>
</tbody>
</table>

**Medical Benefits Summary:**

- **Preferred**
- **In-Network:** Anthem UC Care (HMO)
- **Out-of-Network:**

**ER Physician Services:**

- In-Network: $250 if admitted
- Out-of-Network: 20% of $360/day

**Inpatient Care:**

- In-Network: No charge
- Out-of-Network: 20% (up to 100 days/calendar year) 40% 40%

**Outpatient Visits:**

- Visits 1–3: No copayment
- Visits 4+: $20

**Office Visit:**

- In-Network: $20
- Out-of-Network: 20% (preferred providers) 50%, 31–100 day supply—Generic: $10; 31–60 day supply—Generic: $10; Specialties: 30% (up to $150 handcapped) 50%

**Hospital Visit:**

- In-Network: $20
- Out-of-Network: 20% (preferred providers) 50%, 31–100 day supply—Generic: $10; 31–60 day supply—Generic: $10; Specialties: 30% (up to $150 handcapped) 50%

**Ambulance:**

- In-Network: $20
- Out-of-Network: 20% (preferred providers) 50%

**Physician Services:**

- In-Network: $250 (up to allowed amount)
- Out-of-Network: 20% (preferred providers) 50%

**At participating pharmacies:**

- Non-Formulary: $40
- Formulary: $50

**Behavioral Health Benefits:**

- Managed Health Network (MHN)
- Kaiser members have access to the Behavioral Health Service

**Note:**

- COBRA provides for continued coverage for part-time faculty, staff, and student employees who lose their employment under certain circumstances. Coverage is maintained as long as you pay the premiums.
- UC's benefit plans in accordance with applicable plan documents and regulations, custodial agreements, University authorities. The University also reserves the right to determine new premiums, employer contributions and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively UC-employees only benefit plan and resignation from your position results in the loss of eligibility for the plan, you must apply for COBRA coverage within 60 days from the date your eligibility ends.
- Inconvergence with applicable law and University policy, the University is an affirmative action/equal opportunity employer. Coverage. See your Benefits Representative for more information.
- Conduct prohibiting or reporting misconduct; your work hours are reduced below the eligible status for these benefits; you die, divorce, or terminate at the time of contract renewal or at any other time by the University or other governing authorities. The University also reserves the right to determine new premiums, employer contributions and may be affected by the state of California's annual budget appropriation. If you belong to an exclusively UC-employees only benefit plan and resignation from your position results in the loss of eligibility for the plan, you must apply for COBRA coverage within 60 days from the date your eligibility ends.
Four Rate Levels Based on Salary
Four rate tables ("pay bands") are shown here. Your pay band, and thus your premium, is based on your full-time salary rate as of Jan. 1, 2019. UC provides larger monthly employer contributions for those earning less to help keep premium costs from becoming a burden.

<table>
<thead>
<tr>
<th>Rate Level</th>
<th>Pay Band</th>
<th>Deductible</th>
<th>Self</th>
<th>Adult (S)</th>
<th>Family (2 persons or more)</th>
<th>Family (3 persons or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CORE</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>UC Care</td>
<td>$140.90</td>
<td>$253.62</td>
<td>$296.51</td>
<td>$409.20</td>
<td>$13,200</td>
<td>$12,700</td>
</tr>
<tr>
<td>UC Blue &amp; Gold HMO</td>
<td>$168.57</td>
<td>$303.42</td>
<td>$413.15</td>
<td>$548.00</td>
<td>$19,200</td>
<td>$18,850</td>
</tr>
</tbody>
</table>
UC Retirement Plan
Summary Plan Description

FOR 2013 TIER MEMBERS

UNIVERSITY
OF
CALIFORNIA
Listed below are telephone numbers and website and correspondence addresses for some of the resources UC employees routinely use.

### UC EMPLOYEE WEBSITE

<table>
<thead>
<tr>
<th>Website</th>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>UCnet</td>
<td><a href="http://ucnet.universityofcalifornia.edu">ucnet.universityofcalifornia.edu</a></td>
</tr>
</tbody>
</table>

### UC HUMAN RESOURCES

**UC Retirement Administration Service Center**
- Telephone: 800-888-8267
- Hours: 8:30 a.m.–4:30 p.m., Monday–Friday

Written correspondence should be sent to:
- UC Human Resources
- P.O. Box 24570
- Oakland, CA 94623-1570

### LOCAL BENEFITS OFFICES

<table>
<thead>
<tr>
<th>Location</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>UC Berkeley</td>
<td>510-664-9000, option 3</td>
</tr>
<tr>
<td>UC Davis</td>
<td>530-752-1774</td>
</tr>
<tr>
<td>UC Davis Medical Center</td>
<td>916-734-8099</td>
</tr>
<tr>
<td>UC Irvine</td>
<td>949-824-5210</td>
</tr>
<tr>
<td>UC Irvine Medical Center</td>
<td>714-456-5736</td>
</tr>
<tr>
<td>UCLA</td>
<td>310-794-0830</td>
</tr>
<tr>
<td>UCLA Medical Center</td>
<td>310-794-0500</td>
</tr>
<tr>
<td>UC Merced</td>
<td>209-228-2363</td>
</tr>
<tr>
<td>UC Riverside</td>
<td>951-827-4766</td>
</tr>
<tr>
<td>UC San Diego</td>
<td>858-534-2816</td>
</tr>
<tr>
<td>UC San Diego Medical Center</td>
<td>619-543-3200</td>
</tr>
<tr>
<td>UC San Francisco</td>
<td>415-476-1400</td>
</tr>
<tr>
<td>UC San Francisco Medical Center</td>
<td>415-353-4545</td>
</tr>
<tr>
<td>UC Santa Barbara</td>
<td>805-893-2489</td>
</tr>
<tr>
<td>UC Santa Cruz</td>
<td>831-459-2013</td>
</tr>
<tr>
<td>ASUCLA</td>
<td>310-825-7055</td>
</tr>
<tr>
<td>Hastings College of the Law</td>
<td>415-565-4703</td>
</tr>
<tr>
<td>UC Office of the President</td>
<td>855-982-7824</td>
</tr>
<tr>
<td>Lawrence Berkeley National Lab</td>
<td>510-486-6403</td>
</tr>
</tbody>
</table>

### RETIREMENT SAVINGS PROGRAM

- myUCretirement.com
- 866-682-7787 (Fidelity Retirement Services)

### INVESTMENT OVERSIGHT

**UC Office of the Chief Investment Officer**
- Chief Investment Officer’s website: [ucop.edu/investment-office](http://ucop.edu/investment-office)

Written correspondence should be sent to:
- Office of the Chief Investment Officer of the Regents
- 1111 Broadway, Suite 1400
- Oakland, CA 94607-4026

### BENEFITS FROM OTHER SOURCES

For information on plans and services that may affect your retirement benefits, such as Social Security, CalPERS or other retirement plans and agencies, contact the appropriate agency.

- Social Security Administration: 800-772-1213
- Social Security website: [socialsecurity.gov](http://socialsecurity.gov)
- CalPERS: 888-225-7377
- CalPERS website: [calpers.ca.gov](http://calpers.ca.gov)
- CalSTRS: 800-228-5453
- CalSTRS website: [calstrs.com](http://calstrs.com)

### IF YOU MOVE

It is your responsibility to notify the Plan Administrator of your new mailing address. UC uses the address on file as the address of record for you and your beneficiaries.

You can change your address online at At Your Service Online, a secure website where you can update personal information maintained in UC’s payroll and benefits databases. To record an address change, go to UCnet ([ucnet.universityofcalifornia.edu](http://ucnet.universityofcalifornia.edu)) and select AYS Online. Enter your username or Social Security number and your UC password; then select “My Contact Information.”

If you’re no longer working for UC, do not have Internet access or are retired, you can also notify UC Human Resources by calling the UC Retirement Administration Service Center at 800-888-8267.
The University of California Retirement Plan (UCRP or the Plan) provides retirement benefits for eligible employees (and their eligible survivors and beneficiaries) of the University of California and its affiliate, Hastings College of the Law. UCRP also provides disability income and death benefits.

UCRP is a tax-qualified governmental defined benefit plan. Eligible employees automatically become members of UCRP as a condition of employment. Benefits are determined by formulas that vary according to the type of benefits payable (for example, retirement, disability or survivor benefits). The formulas are based on such factors as a member’s salary, age, years of service credit and member class. The Plan is funded by employer and employee contributions.

The provisions of the 2013 Tier described here are subject to collective bargaining for represented employees.

Are you in a domestic partnership?
Eligibility rules for domestic partners are different for health and welfare benefits and for UCRP benefits. See page 22, or check out “Establishing a domestic partnership” on UCnet (ucal.us/domesticpartnership), to make sure you’ve established your partner’s eligibility for UCRP survivor and death benefits.
**Membership**

The Plan includes four member classes:

- Members who pay into Social Security
- Members who opted out of Social Security coverage, other than Safety members
- Members with Tier Two benefits and
- Safety members

Active members in each of the first two member classes accrue benefits in one of four tiers—the 1976 Tier, the 2013 Tier, the Modified 2013 Tier and/or the 2016 Tier. A member who first becomes eligible to participate in UCRP on or after July 1, 2016, will accrue benefits in the 2016 Tier. A member who began accruing UCRP benefits before July 1, 2016, will continue accruing UCRP benefits under his/her current tier until he or she has a tier break in service (see definition on page 22). If the member returns to eligible UC employment on or after July 1, 2016, following a tier break in service and again becomes a UCRP member, the member will accrue additional service under the 2016 Tier.

This summary plan description is directed to members currently accruing benefits under the 2013 Tier. The provisions starting on page 25 provide additional information for members who also accrued benefits under the 1976 Tier. The provisions of the 2013 Tier described here are subject to collective bargaining for represented employees.

All other members and those who have University service in more than one member class should refer to the appropriate summary plan description(s) because benefits and other provisions vary.

**SOCIAL SECURITY**

Most UCRP members in the 2013 Tier pay Social Security taxes.¹ The Social Security tax rate is currently 7.65 percent. Of this, the member pays 6.2 percent on earnings up to the Social Security wage base ($132,900 in 2019) for Old Age, Survivors and Disability Insurance (OASDI) and 1.45 percent on all earnings for Medicare hospital insurance (Part A). These taxes are calculated based on the member’s wages each pay period, after any pretax deductions for medical plan premiums, flexible spending accounts and the Pretax Transportation Program.

Contact the Social Security Administration for more information about Social Security eligibility and benefits, including an estimate of future retirement benefits (see inside front cover).

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¹ Members who opted out of Social Security in 1976 and return to UC employment on or after July 1, 2013 will not pay Social Security taxes.

**ELIGIBILITY AND MEMBERSHIP**

UCRP membership is automatic and mandatory for eligible employees and begins the first day of an eligible appointment. An eligible appointment is at least 50 percent time on a fixed or variable basis for one year or longer.

Employees with limited appointments, in contract positions, in “noncareer” positions at the Lawrence Berkeley National Laboratory and certain academic employees may become eligible for membership after working 1,000 hours in a rolling, continuous 12-month period. (Employees in a Non-Senate Instructional Unit qualify for UCRP membership after working 750 hours in an eligible position.) Membership is effective no later than the first of the month following the month in which 1,000 hours (or 750 hours) is reached.

**EXCEPTIONS:**
A University employee is not eligible for Plan membership if he or she:

- Is at the University primarily to obtain education or training
- Receives pay under a special compensation plan but receives no covered compensation (see “Plan Definitions” on page 22)
- Is in a per diem, floater or casual restricted appointment
- Is appointed as a Regents’ Professor or Regents’ Lecturer
- Is an employee hired as a visiting appointee

Once you become a UCRP member, active membership continues until you have a break in service (see “Plan Definitions” on page 22). Membership is not affected by a reduction in appointment without a break in service. Benefits based on future service may change if you transfer to a position eligible for Safety benefits.

**VESTING**

To vest means to acquire certain rights. Once vested, you generally have a non-forfeitable right to receive UCRP retirement benefits upon leaving the University and reaching retirement age. You must earn five or more years of service credit to be vested.

You become vested in your Plan benefits whether you earn all service credit as a member in one UCRP member class or tier or in multiple UCRP member classes and tiers.
INACTIVE MEMBERSHIP
You become an inactive member upon leaving University employment and retain the right to future retirement benefits by leaving your accumulations (employee contributions plus interest) in the Plan, provided you satisfy one of the following criteria:

• Have at least five years of service credit
• Are eligible for reciprocity (see “Reciprocity” below)
• Were medically separated from University employment and are eligible to apply for UCRP disability income (see “Disability Income” on page 16)
• Are a faculty member of a University medical school who has been appointed by the Veterans Administration to a University-affiliated hospital, and, as a result, receive no further covered compensation or
• Became a Plan member July 1, 1989, or earlier, and reached age 62 while still an eligible employee

After leaving the University, an inactive member may, at any time before (and in lieu of) retiring, request a refund of accumulations. If you elect a refund of accumulations, you waive the right to any future Plan benefits (see “Refund of Accumulations” on page 10).

If you leave before becoming an inactive member (that is, a member with five years of service credit), you may also request a distribution of your accumulations at any time. You will lose any service credit you have accrued unless you later return to UC employment and reestablish it.

To establish reciprocity, you must:

• Be employed under the other retirement system within 180 days of leaving employment under the former system
• Leave your accumulations (if any) in the former system and
• Elect reciprocity by completing the proper forms (see below)

When you elect UCRP/CalPERS reciprocity, funds are not transferred from one retirement system to the other. You become a member of both systems. You are subject to membership and benefit obligations and rights of each system. You must retire under both systems on the same date for the benefits of reciprocity to apply.

To establish reciprocity at UC, you must complete form UBEN 157 (Election of Reciprocity) and send it to UC Human Resources. The form is part of the UCRP/CalPERS Reciprocity Fact Sheet, available at ucal.us/reciprocity. To find out how to establish reciprocity at CalPERS, call CalPERS directly (see inside front cover). As long as you remain eligible under the guidelines listed above, you may establish UCRP/CalPERS reciprocity at any time prior to retiring.

A provision for concurrent retirement is also available for UCRP members who are also members of the California State Teachers’ Retirement Defined Benefit Program (CalSTRS). You are eligible for concurrent retirement if you:

• Become an active UCRP member on or after July 1, 2002
• Are a member of CalSTRS and
• Elect UCRP retirement income after July 1, 2002
• Have satisfied the applicable age and service requirements for early retirement

Members eligible for concurrent retirement receive benefits similar to those for reciprocity. CalSTRS has similar concurrent retirement provisions that apply to UCRP members; for more information about CalSTRS concurrent retirement, contact CalSTRS directly.

RECIROCITY
UCRP and the California Public Employees Retirement System (CalPERS) have a reciprocal agreement to ensure continuity of benefits for members who change employers and transfer between the two retirement systems under certain circumstances. If you qualify for reciprocity with CalPERS, service credit accrued under both systems can be used to determine whether you are vested in benefits under both retirement systems. Also, covered compensation earned under both systems can be used to determine your highest average plan compensation under both systems. If you retire for disability under CalPERS, you will be subject to the limitation on the maximum total benefits that can be provided under both systems. The reciprocal agreement does not apply to eligibility for retiree health benefits.
Contributions

**FUNDING THE PLAN**

Plan benefits are funded by contributions from both the University and active members and by the investment earnings on Plan assets. These contributions and earnings are placed in a trust fund and constitute a single pool of assets. Annual actuarial valuations determine the Plan’s liabilities (that is, projected benefits to be paid) and the funding status.

The UC Board of Regents periodically adjusts University and member contribution rates to maintain adequate funding levels.

**UNIVERSITY CONTRIBUTIONS**

University contributions are used to pay Plan benefits for all members, and are not allocated to individual member accounts.

The University’s contribution rate, effective July 1, 2014, is 14 percent of members’ covered compensation.

**MEMBER CONTRIBUTIONS**

Most active 2013 Tier members make contributions to UCRP equal to 7 percent of covered compensation. Adjustments to member contributions are subject to collective bargaining. Members of CNA, UPTE and AFSCME: see “Special Provisions” on page 21 for information about member contributions.

UCRP contributions are deducted automatically from your gross wages each pay period and credited to your individual member account. Wages on which contributions are assessed are called covered compensation. Your contributions to the Plan are deducted on a pretax basis and, therefore, reduce your taxable income.

The Plan Administrator maintains a record of each member’s UCRP contributions and credits the amount with interest at a stated rate (currently 6 percent per year).

Service Credit

Service credit is the measure of time you have participated in the Plan in one or more member classes. Service credit is used to determine eligibility for most benefits and to calculate benefits such as monthly retirement.

Service credit is earned whenever you receive covered compensation for an eligible appointment. The maximum that you can earn for a year of full-time work is one year of service credit. Part-time or variable-time work results in a proportionate amount of service credit. For example, if you work 50 percent time for one year, you receive one-half year of service credit.

**SICK LEAVE**

If you retire within four months after leaving the University, any unused sick leave is converted to service credit. Eight hours of unused sick leave converts to approximately one day of service credit. Sick leave converted to service credit cannot be used to reach the five years of service credit needed to be eligible for retirement benefits. But, because service credit is part of the benefit formula, this additional service credit may increase your monthly retirement income.

**DISABILITY STATUS**

If you become disabled and receive UCRP disability income, you may continue to earn service credit at the same rate earned during the 12 months of continuous service just before your disability date.

You continue to earn service credit until or unless increased service credit would cause your retirement benefit, if you were to retire, to exceed your disability benefit.
PARTIAL-YEAR CAREER APPOINTMENTS
If you work full time during a 9-, 10-, or 11-month partial-year appointment, you earn one year of service credit for each Plan year. If you work part time during a partial-year appointment, you earn proportionate service credit. For example, if you work 50 percent time during a partial-year appointment, you earn one-half year of service credit. See page 24 for an explanation of the potential effect of a partial-year career appointment on your highest average plan compensation (HAPC).

MILITARY LEAVE
If you return to University service in accordance with your reemployment rights following a military leave, you receive service credit for the time spent in uniformed service and for a period following uniformed service, provided you return to work when the leave ends and satisfy other applicable requirements.

You earn service credit for military leave at the same rate earned during the 12 months of continuous service just before the leave. For example, if you earned three-fourths of a year of service credit in the 12 months just before military leave, you will earn three-fourths of a year of service credit for a year of military leave.

The Retirement Administration Service Center or your local Benefits Offices can provide more information about establishing service credit for military leaves.

SABBATICAL OR PAID LEAVE
During a sabbatical or paid leave, you earn service credit in proportion to the percentage of full-time pay you receive. For example, if you are on sabbatical leave at two-thirds pay for one year, you receive two-thirds of a year of service credit, but you may be able to purchase service credit for the unpaid portion of your leave (see the UCRP Service Credit Purchase Guide, available online at ucal.us/purchase).

EXTENDED SICK LEAVE
You earn up to 80 percent of service credit for periods of extended sick leave during which you receive Workers’ Compensation, but you may be able to purchase service credit for any remaining percentage (see the UCRP Service Credit Purchase Guide, available online at ucal.us/purchase).

PAST SERVICE
If you have previous Plan membership, you retain service credit for the earlier period if you leave your accumulations in the Plan upon leaving the University. If you previously received a refund of accumulations for the earlier period, you may purchase service credit for the earlier period, subject to the rules described in the UCRP Service Credit Purchase Guide, available online at ucal.us/purchase. If you previously retired and received a lump sum cashout, you may not purchase service credit for any period before the cashout date.

LEAVE WITHOUT PAY
You do not earn service credit during a leave without pay, but you may be able to purchase service credit (see the UCRP Service Credit Purchase Guide, available online at ucal.us/purchase).
Service Credit Purchase

“Service Credit Purchase” (formerly known as “buyback”) is payment to establish service credit for eligible leaves or to reestablish service credit purchase for previous UCRP membership. The service credit purchase option is available only to active UCRP members.

THE SERVICE CREDIT PURCHASE OPTION IS AVAILABLE FOR:

APPROVED LEAVES
Approved leave without pay; partially paid sabbatical leave; extended sick leave; temporary layoff or furlough (except during a partial-year career appointment); or

PREVIOUS UCRP MEMBERSHIP
UCRP service for which a refund of accumulations was received.

THE SERVICE CREDIT PURCHASE OPTION IS NOT AVAILABLE FOR:

• Any break-in-service period
• Any period of ineligible service, such as temporary employment or indefinite layoff
• Any furlough during a partial-year career appointment
• A reduction in appointment
• Any period of CalPERS membership
• Any period of service that preceded a lump sum cashout
• Any period of less than four weeks, unless necessary for vesting purposes
• Any period of military leave July 1, 1966, or later (The member receives full service credit without making contributions.)

You can find complete information as well as instructions in the UCRP Service Credit Purchase Guide, available on UCnet at ucal.us/purchase.

Refund of Accumulations

Upon leaving University employment, you may receive a distribution of your Plan accumulations or leave them in the Plan (University contributions must remain in the Plan).

If you are eligible for inactive membership, however, a refund of accumulations cancels your right to any future Plan benefits based on that period of service unless you return to University employment and reestablish the service credit (see the UCRP Service Credit Purchase Guide, available online at ucal.us/purchase).

A refund of any remaining accumulations after your death is considered a death benefit (see “Death Benefits” on page 14).
Retirement Benefits

You can elect to retire and receive benefits at any time after you become eligible—that is, when you reach age 55 and leave University employment with at least five years of service credit.\textsuperscript{2, 3}

If You Leave UC and Don’t Retire
In most cases, vested members who leave University employment and do not, or are not eligible to, retire at the time they separate should not delay electing retirement benefits past age 65. Generally, at age 65, an inactive member will have attained the maximum UCRP benefit payable under the Plan.

BASIC RETIREMENT INCOME
Basic retirement income is your normal monthly lifetime benefit. This basic amount is adjusted if you want to provide monthly survivor income for a spouse, domestic partner or another person (see “Alternate Monthly Payment Options” on page 12). Also, your benefit must be adjusted if the monthly benefit exceeds maximum benefit levels. See “Plan Maximum Benefit” on page 13 and “Internal Revenue Code Provisions” on page 17 for more information.

Basic retirement income is a percentage of your average salary, or HAPC (highest average plan compensation; see definition on page 24). The percentage is based on your service credit and age at retirement.

ELECTING RETIREMENT INCOME
To elect retirement income, first read the Retirement Handbook, available online at uca1.us/retirementhandbook or from your local Benefits Office or the UC Retirement Administration Service Center. Once you have read this booklet, contact your local Benefits Office or the UC Retirement Administration Service Center to confirm the retirement process as it varies by UC location.

Your retirement date cannot be earlier than the first of the month the request is submitted.

HOW RETIREMENT INCOME IS CALCULATED
The calculation of basic retirement income is a two-step process:

1. Calculate the benefit percentage (not to exceed 100%):

Service credit \times \text{age factor}

The age factor is based on your age in complete years and months on the date of your retirement as shown in the chart on page 12.

Example:
A member retires at age 65 (age factor 0.0250), with 20 years of service credit.

20 \text{ years} \times 0.0250 = 50.0\% \text{ (benefit percentage)}

2. Multiply the benefit percentage by your highest average plan compensation or HAPC

HAPC is the member’s average monthly salary (full-time equivalent compensation—100 percent of covered compensation that would be paid for a normal, regular full-time position) calculated over the highest 36 continuous months preceding retirement. This is usually, although not necessarily, the period just before employment ends. Also see the definition on page 24.

Example:
Your benefit percentage is 50.0\%. The HAPC is $4,000.

50.0\% \text{ of } $4,000 = $2,000

Your basic retirement income is $2,000 per month.

If you had a partial-year career appointment, contact the UC Retirement Administration Service Center (800-888-8267) for information about your basic retirement income.

\textsuperscript{2} Employees who became UCRP members on or before July 1, 1989, are vested regardless of service credit if they leave University employment in an eligible position after reaching age 62.

\textsuperscript{3} Members of CNA, UPTE and AFSCME: see Special Provisions section on page 21 for more information.
Retirement Benefits

ALTERNATE MONTHLY PAYMENT OPTIONS

If you want to provide a monthly lifetime benefit for another person—called a contingent annuitant—several options are available.

The contingent annuitant is a person you choose, and you may choose only one. The selection of the option and contingent annuitant becomes irrevocable on the retirement date on the election form (or 15 days after the date of the letter confirming that your election has been received, if later). See “Electing Retirement Income” on page 11. Also, there are legal and financial considerations when designating a contingent annuitant (see “Designation of Beneficiary or Contingent Annuitant” on page 20).

If you are married or have a registered domestic partner and designate someone other than your legal spouse or partner as a beneficiary or contingent annuitant, you need to consider the spouse’s/partner’s community property rights. See “Community Property” on page 20 for more information.

To provide this benefit, you receive a reduced retirement benefit for life. The amount of the reduction varies according to the option you choose as well as the average life expectancy of you and the contingent annuitant. If the person you name as contingent annuitant dies before you, you cannot name another contingent annuitant and your benefit will not be adjusted.

Please note that an Internal Revenue Code regulation places a limitation on the extent your monthly benefits can be reduced to provide for a non-spouse contingent annuitant who is more than 10 years younger than you. As a result, some or all of the alternate payment options may not be available for you to elect if the contingent annuitant is more than ten years younger than you. (See “Minimum Distribution Incidental Benefit” on page 17 for more information.)

RETIREMENT AGE FACTORS

<table>
<thead>
<tr>
<th>Age</th>
<th>Complete Months From Last Birthday to Retirement Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>55</td>
<td>.0110 .0111 .0112 .0114 .0115 .0116 .0117 .0118 .0119 .0121 .0122 .0123</td>
</tr>
<tr>
<td>56</td>
<td>.0124 .0125 .0126 .0128 .0129 .0130 .0131 .0132 .0133 .0135 .0136 .0137</td>
</tr>
<tr>
<td>57</td>
<td>.0138 .0139 .0140 .0142 .0143 .0144 .0145 .0146 .0147 .0149 .0150 .0151</td>
</tr>
<tr>
<td>58</td>
<td>.0152 .0153 .0154 .0156 .0157 .0158 .0159 .0160 .0161 .0163 .0164 .0165</td>
</tr>
<tr>
<td>59</td>
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<td>62</td>
<td>.0208 .0209 .0210 .0212 .0213 .0214 .0215 .0216 .0217 .0219 .0220 .0221</td>
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<td>.0222 .0223 .0224 .0226 .0227 .0228 .0229 .0230 .0231 .0233 .0234 .0235</td>
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<td>.0236 .0237 .0238 .0240 .0241 .0242 .0243 .0244 .0245 .0247 .0248 .0249</td>
</tr>
<tr>
<td>65+</td>
<td>.0250</td>
</tr>
</tbody>
</table>

Example: For a member born on March 8, 1959, and retired on July 1, 2019, the age factor is .0184 (60 years plus three months).

* Applies only to certain eligible employees in AFSCME, CNA and UPTE bargaining units. See also special provisions on page 21.
Alternate monthly payment options are:

**OPTION A**  
Full Continuance to Contingent Annuitant  
You receive a reduced monthly benefit for life. When you die, the contingent annuitant receives a lifetime monthly benefit equal to your monthly benefit.

**Example**
Basic retirement income is $2,000. The reduction factor is applied:

\[0.880 \times 2000 = \$1,760 \text{ monthly retirement benefit}\]

You receive $1,760 each month for life. Thereafter, the contingent annuitant receives $1,760 each month for life.

**OPTION B**  
Two-Thirds Continuance to Contingent Annuitant  
You receive a reduced monthly benefit for life. When you die, the contingent annuitant receives a lifetime monthly benefit equal to two-thirds of your monthly benefit.

**Example**
Basic retirement income is $2,000. The reduction factor, in this case 0.917, is applied:

\[0.917 \times 2000 = \$1,834 \text{ monthly retirement benefit}\]

You receive $1,834 each month for life. Thereafter, your contingent annuitant receives $1,223 each month for life.

**OPTION C**  
One-Half Continuance to Contingent Annuitant  
You receive a reduced monthly benefit for life. When you die, the contingent annuitant receives a lifetime monthly benefit equal to one-half of your monthly benefit.

**Example**
Basic retirement income is $2,000. The reduction factor, in this case 0.936, is applied:

\[0.936 \times 2000 = \$1,872 \text{ monthly retirement benefit}\]

You receive $1,872 each month for life. Thereafter, your contingent annuitant receives $935 each month for life.

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**PLAN MAXIMUM BENEFIT**

The maximum UCRP basic retirement income is 100 percent of your HAPC or the maximum annual benefit that can be paid under the Internal Revenue Code (IRC), whichever is less. This limit applies to your retirement income based on all University employment, including any eligible CalPERS service. This limit affects only a few UCRP members, most of whom have 40 years or more of service credit. For those affected, this limit applies for as long as the benefit is paid.

If part of your UCRP benefit has been awarded to an alternate payee (see page 20), the maximum benefits will be determined by taking into account any benefit payable to the alternate payee.

See also “Internal Revenue Code Provisions—Maximum Benefit Limitations” on page 17.

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\[\text{The example assumes that both you and your contingent annuitant are age 65. If your ages are different, the dollar amounts will vary somewhat because different reduction factors will be used. Amounts are rounded down to the nearest dollar.}\]
Death Benefits

PAYMENTS TO BENEFICIARIES

When you die, UCRP pays a basic death payment of $7,500 to your beneficiary, in addition to any monthly UCRP income that may be payable to the contingent annuitant.\(^5\)

After your death and, if applicable, the death of your contingent annuitant, any remaining accumulations are paid to your beneficiary.

UCRP death benefits are not the same as University life insurance benefits or departmental death benefits. For information about these benefits, see the appropriate Survivor and Beneficiary Handbook, available online at ucal.us/survivorhandbook or from the UC Retirement Administration Service Center.

PRERETIREMENT SURVIVOR INCOME

If you die while employed or while receiving UCRP disability benefits and you have at least two years of service credit, monthly income is paid to your eligible survivors—that is, eligible spouse or domestic partner, or if none, eligible child(ren), or if none, eligible dependent parent(s) (see the definitions on page 23). The amount paid to the eligible survivor(s) is 15 percent of your final salary.

If you die while an inactive member, monthly income is paid to your surviving spouse or surviving domestic partner only if you are eligible to retire at the time of death.

DEATH WHILE ELIGIBLE TO RETIRE

If you die while eligible to retire (that is, age 55 with at least five years of service credit) but have not yet elected to retire, a lifetime retirement benefit may be payable to your surviving spouse or domestic partner.

If there is a surviving spouse or domestic partner, the benefit is calculated as though you had elected to retire on the day after the date of death and had chosen Option A (full continuance) with your spouse or domestic partner named as contingent annuitant. The benefit is payable beginning the day after your death.

If you die after electing retirement income, the benefit payable to a survivor will depend upon the monthly retirement benefit option you choose at the time you retire. If you choose basic retirement income, your survivor will receive no monthly income. See “Alternate Monthly Payment Options” on page 12 for information on benefits payable to your contingent annuitant.

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\(^5\) Beneficiaries of active members who became Plan members before October 1, 1990, receive $1,500 plus one month’s final salary, if this amount is greater than $7,500.
Cost-of-Living Adjustments

After receiving benefits for one year, UCRP members are eligible to receive an annual cost-of-living adjustment (COLA), starting on the following July 1. The COLA is based on the Consumer Price Index (CPI) increase for the preceding year. Generally, the COLA for any Plan year equals:

- 100 percent of the CPI increase up to 2 percent
- 75 percent of the CPI increase over 4 percent
- A maximum of 6 percent

If the CPI decreases, UCRP benefits are not reduced.

The CPI used to determine the annual COLA is an average of the CPIs for the Los Angeles and San Francisco metropolitan areas and is measured from February to February.

Disability Benefits

The UC Retirement Plan provides disability income benefits if you are an active member with five or more years of service credit6 and submit a timely application (see “Apply for Disability Benefits” on page 16). The UCRP disability benefits coordinate with UC’s short-term and supplemental disability plans. See A Complete Guide to Your UC Health and Welfare Benefits for more information.

If you are eligible to retire, elections for disability and retirement should be made simultaneously so retirement benefits will continue in the event disability benefits are not approved.

GENERAL REQUIREMENTS

The Plan Administrator determines your eligibility to receive UCRP disability income based on qualified medical evidence and according to written procedures governing the consideration and disposition of disability issues. These procedures include your right to review decisions concerning your status. Once established, the Plan Administrator periodically reevaluates your eligibility.

When applying for disability income, you are required to submit medical evidence, which is considered in determining eligibility for the benefit. To receive disability income initially and at any time while receiving it, you also may be required to undergo medical examination(s) by physician(s) chosen by the Plan Administrator or to participate in vocational assessment or rehabilitation programs. If you do not comply, you are not eligible to receive UCRP disability income.

DISABILITY DEFINITIONS

“Disabled” means being unable to engage in substantial gainful activity because of a medically determinable physical or mental impairment that is permanent or expected to last 12 continuous months or longer from the UCRP disability date.

Initially, “substantial gainful activity” means physical or mental activities that pay 50 percent or more of your final salary (adjusted for cost-of-living increases; see “Cost-of-Living Adjustments” at left). After the first year of disability income, your impairment is reevaluated. Disability income continues if you are unable to earn the amount defined annually by the Social Security Administration in determining substantial gainful activity. In 2019, this amount is $1,220 per month.

6 Any service credit that was established for a leave period is not included in determining eligibility for disability benefits.
Disability Benefits

DISABILITY DATE
If you are eligible as defined by the Plan, disability income is payable. The first day of eligibility, or the disability date, is the later of:

• The first of the month in which the Plan Administrator receives the application, or
• The day after your last day on pay status.

DISABILITY INCOME
Disability income is a percentage of your monthly final salary. The percentage is based on years of service credit as of the disability date, as shown below.

<table>
<thead>
<tr>
<th>Years of UCRP Service Credit</th>
<th>Monthly Benefit (percentage of final salary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5 (less than 6)</td>
<td>13.1%</td>
</tr>
<tr>
<td>6 (less than 7)</td>
<td>14.8%</td>
</tr>
<tr>
<td>7 (less than 8)</td>
<td>16.5%</td>
</tr>
<tr>
<td>8 (less than 9)</td>
<td>18.2%</td>
</tr>
<tr>
<td>9 (less than 10)</td>
<td>19.9%</td>
</tr>
<tr>
<td>10 (less than 11)</td>
<td>21.6%</td>
</tr>
<tr>
<td>11 (less than 12)</td>
<td>23.3%</td>
</tr>
<tr>
<td>12 or more</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

BENEFIT ELECTION
If you are approved for disability income while receiving monthly retirement income, you will need to decide whether to continue receiving retirement income or begin receiving disability income.

MAXIMUM DISABILITY INCOME
The maximum disability income that may be payable, when combined with income from other sources, depends on your UCRP membership date. You will receive further details when you become eligible for disability income.

Applying for Disability Benefits
To apply for UCRP disability income, you should contact your local Benefits Office to explore your various disability income options. Be prepared to provide medical information to substantiate your application. You should make an appointment to apply for disability benefits as soon as it appears that you won’t be able to return to work because of your disability. (If you become an inactive member, you are eligible to apply for disability income within 12 months of leaving University employment if medical evidence shows that you would have been entitled to disability income as of the separation date and your accumulations have remained on deposit with the Plan.) But, to preserve your right to continue UC-sponsored health coverage, you must apply within 120 days of your separation.

LENGTH OF THE DISABILITY INCOME PERIOD
If you continue to be disabled as defined by the Plan, you can receive UCRP disability income as follows:

• If you are under age 65 on the UCRP disability date, you may receive disability income for up to five years or until age 65, whichever comes later;
• If you are aged 65 or older on the UCRP disability date, you may receive disability income for up to 12 months or until age 70, whichever comes later.

Special provisions apply to Safety members.

WHEN DISABILITY INCOME STOPS
(REGARDLESS OF UCRP DISABILITY DATE)
In all cases, if you are eligible to retire when disability income stops, you can elect UCRP retirement income.

The Plan Administrator will notify you in advance as to when and how your benefits will be affected so that you can decide about retirement before your disability income stops. See “Retirement Benefits,” on page 11, for eligibility requirements, calculations and other provisions.

If a disabled member dies, survivor benefits may be payable either immediately or at a future date (see “Death Benefits” on page 14).
Reappointment After Retirement

In certain instances where there are compelling circumstances, UC retirees are rehired to help fill a particular staffing need. Under UC policy, those retired employees who later return to UC in staff or Senior Management Group positions must follow these provisions:

- Reemployment must not occur until there has been a break in service of at least 30 days, and preferably 90 days.
- The appointment must be limited to the equivalent of no more than 43 percent time in a 12-month period; for faculty the appointment cannot be more than 43 percent time per month.
- Employment of a staff retiree must not exceed a total of 12 months; if reemployment is necessary after 12 months, the request for continued employment must follow the same approval process as the original appointment.
- Reemployment must be in response to a University need; for example: the retired employee possesses skills and institutional knowledge that the hiring department cannot otherwise obtain with equal cost effectiveness; the hiring department anticipates a prolonged process for hiring a replacement; or the need for the retired employee to assist the replacement in acquiring necessary skills and knowledge.

Rehired employees in staff positions who receive a monthly retirement benefit must submit a completed UCRP Reemployed Retiree Notification form (UBEN 1039), available from the Benefits Office.

A retired employee who is receiving UCRP monthly retirement income may suspend retirement income payments and be reemployed in a career or long-term appointment after an appropriate break in service.

If you suspend retirement income because you’ve been rehired into a UCRP-eligible position, you must re-retire the day after you again leave UC employment.

For more information, see the Returning to UC Employment After Retirement Fact Sheet available online at ucal.us/returntowork.

Internal Revenue Code Provisions

The IRC limits the maximum benefits payable from retirement plans and specifies the date by which distributions (in defined minimum amounts) must begin.

MAXIMUM BENEFIT LIMITATIONS

IRC §415(b) places a limit on the maximum total benefits payable in any calendar year from a defined-benefit plan such as UCRP. The limit is based, in part, on the member’s age. For example, the limit for age 62 and older in 2019 is $225,000.

The University of California 415(m) Restoration Plan—a nonqualified pension plan—became effective Jan. 1, 2000, to pay benefits that would not otherwise be payable because of the §415(b) limit. If your UCRP benefits are affected by the §415(b) limit, you will receive additional information about the 415(m) Restoration Plan from the UC Retirement Administration Service Center.

IRC §401(a)(17) sets a dollar limit for annual earnings upon which retirement benefits (and contributions, if any) may be based. The earnings limit beginning July 1, 2019, is $280,000 for employees who became members as of July 1, 1994, or later. For those who were active members before July 1, 1994, the earnings limit is $415,000.

MINIMUM DISTRIBUTION INCIDENTAL BENEFIT

The Minimum Distribution Incidental Benefit (MDIB) is a federal tax regulation in Internal Revenue Code section 401(a)(9) that applies to benefits payable to non-spouse contingent annuitants, including domestic partners. The MDIB restricts the percentage of the member’s monthly income that may be paid to a non-spouse contingent annuitant who is more than 10 years younger than the retiring member. As a result, some or all of the alternate payment options may not be available if the contingent annuitant is more than ten years younger than the member. If you believe this regulation may apply to your situation, please contact the Retirement Administration Service Center or your local benefits office to make sure you have accurate information about your payment options.
Internal Revenue Code Provisions

MINIMUM REQUIRED DISTRIBUTIONS

You must begin receiving minimum distributions from the Plan by April 1 of the calendar year following the later of:

- The year in which you reach age 70½ or
- The year in which you leave University employment

Generally, the UCRP formulas for retirement income satisfy the minimum distribution requirements. If you do not apply for retirement benefits by the above date, basic retirement income will begin automatically. Minimum required distributions are not eligible for rollover.

Each year, UC Human Resources notifies members who are subject to the minimum distribution requirements and provides information and individual calculations to help them comply. Minimum required distributions are calculated in accordance with U.S. Treasury regulations.

ROLLOVERS

INTO THE PLAN

UCRP does not accept rollovers except for service credit purchases.

FROM THE PLAN

See the Special Tax Notice for UC Retirement Plan Distributions available on UCnet (ucal.us/specialtaxnotice) for information about the following UCRP distributions, which are eligible for direct rollover:

- A refund of accumulations
- Lump sum death payment to a surviving spouse
- Lump sum distributions to a spouse or former spouse under a qualified domestic relations order (QDRO) and
- Lump-sum death payment to a non-spouse beneficiary (to an inherited IRA and not to another plan)

A distribution that is eligible for direct rollover is subject to mandatory 20 percent federal tax withholding unless it is directly rolled over from the Plan to a traditional IRA or a Roth IRA, to another employer plan that accepts rollovers, or to the University’s Defined Contribution, Tax-Deferred 403(b), or 457(b) Deferred Compensation Plans (see “Internal Rollovers,” below).

UCRP distributions that are not eligible for rollover include:

- Monthly retirement or disability income
- QDRO monthly income or
- Lump-sum QDRO distributions to a non-spouse (as defined by federal tax law)

You (or your spouse or former spouse) may also roll over an eligible Plan distribution that has been paid to them, as long as the rollover to the IRA or new plan occurs within 60 days of receipt of the distribution. If you want to roll over 100 percent of the distribution, you must replace, from personal savings or other sources, an amount equal to the taxes that were withheld when the distribution was issued. Any amount not rolled over will be taxed as ordinary income for the year in which the distribution was issued. It may also be subject to early distribution penalties. See “Taxes on Distributions—Tax Withholding,” below. For more detailed information, see the Special Tax Notice for UC Retirement Plan Distributions available on UCnet (ucal.us/specialtaxnotice).

INTERNAL ROLLOVERS

If you have an account in UC’s Defined Contribution Plan, Tax-Deferred 403(b) Plan or 457(b) Deferred Compensation Plan, you may roll over eligible UCRP distributions to these plans.

TAXES ON DISTRIBUTIONS

INCOME TAX

Except as described below, all distributions from UCRP are subject to federal and state ordinary income taxes. The benefit attributable to any service credit purchases made on an after-tax basis is not taxable when distributed. Any pretax portion of a distribution is taxable income in the year the distribution is issued.

EARLY DISTRIBUTION PENALTIES

In addition to being taxed as ordinary income, the taxable portion of a refund of accumulations taken before age 59½ (early distributions) may also be subject to nondeductible federal and state penalty taxes—currently a 10 percent federal tax and a 2½ percent California state tax. There are, however, a number of circumstances in which early distributions may be exempt from the penalty taxes. The exceptions are described in the Special Tax Notice for UC Retirement Plan Distributions available on UCnet (ucal.us/specialtaxnotice).

UC Human Resources does not assess early distribution penalties when a distribution is paid. If you are subject to the penalties, you are responsible for reporting them to the IRS when you file your income tax returns.

TAX WITHHOLDING

The Plan Administrator withholds federal and California state income taxes (for California residents) in accordance with federal and state law. Income tax for states other than California is not withheld. You should consult a tax adviser about tax liability.
DISTRIBUTIONS ELIGIBLE FOR ROLLOVER
Distributions that are eligible for rollover (see “Rollovers” at left) are subject to 20 percent federal tax withholding if they are paid to you, your spouse, former spouse or non-spouse beneficiary. No taxes are withheld if the distributions are directly rolled over to a traditional IRA, a Roth IRA or another employer plan. For more information, see the Special Tax Notice for UC Retirement Plan Distributions available on UCnet (ucal.us/specialtaxnotice).

TAX STATEMENT
Each January, the Plan Administrator files a Form 1099-R with federal and state tax authorities, with a copy to the individual, for each distribution paid during the previous year. The form shows the total and taxable amounts of the individual’s distribution(s).

Those who receive more than one type of distribution are sent a separate Form 1099-R for each type of distribution.

CLAIMS PROCEDURES
A member, survivor, contingent annuitant or beneficiary must submit a request to receive benefits or a distribution from the Plan. Claims for benefits must be made in accordance with procedures established by the UC Retirement Administration Service Center. No Plan distribution will be made until the claimant has provided all pertinent information requested by the UC Retirement Administration Service Center.

Generally, claims are processed within 90 days after the UC Retirement Administration Service Center receives the request and any other required information. If a claim is denied, UC Retirement Administration Service Center will notify the claimant in writing, explaining the reason for denial and notifying the claimant that he or she, or his or her authorized representative, may appeal the denial by requesting an independent review by the Plan Administrator. The appeal must be made within 60 days of the notification of the denial. The appeal must be in writing, accompanied by documentation supporting the claim, and sent to Plan Administrator, UC Human Resources (see front of booklet for address). The claimant will receive a written notice and explanation of the Plan Administrator’s decision on the appeal within 90 days of the Plan Administrator’s receipt of the appeal, unless circumstances require a longer period. In general, such period will not exceed 120 days.

If, after exhausting administrative appeal procedures, the claimant still believes that a benefit has been improperly paid or denied, the claimant has the right to initiate legal proceedings.

Send service of process to the Regents of the University of California, Trustee of the University of California Retirement Plan, c/o Office of the General Counsel, 1111 Franklin Street, 8th Floor, Oakland, CA 94706.

PLAN ADMINISTRATION
The Vice President of Human Resources is the Plan Administrator with responsibilities for the day-to-day management and operation of the Plan. The UC Retirement Administration Service Center provides the necessary record keeping, accounting, reporting, receipt and disbursement of Plan assets to eligible Plan members.

The Office of the Chief Investment Officer has primary authority for investing the assets of the Plan trust consistent with the investment policies established by the Regents. The Office of the Chief Investment Officer also serves as custodian of the Plan trust.
Additional Information

PLAN CHANGES

The Plan is subject to change and to independent audit to comply with applicable federal and state statutes, U.S. Treasury regulations and industry standards. Members are notified whenever substantive changes to the Plan occur. Although the Plan is expected to continue indefinitely, the Regents reserve the right to amend or terminate the Plan at any time.

The University will take appropriate action concerning proposed changes that may trigger notice, consultation, and meeting and conferring obligations under the Higher Education Employer-Employee Relations Act.

DESIGNATION OF BENEFICIARY OR CONTINGENT ANNUITANT

BENEFICIARY

You should designate a beneficiary immediately upon becoming a Plan member. When you die, the beneficiary receives the basic death payment and any accumulations remaining after all benefits have been paid. You may name more than one beneficiary and specify the percentage that each beneficiary is to receive. A beneficiary may be a person, trust or organization.

If you do not name a beneficiary or if the beneficiary designation is no longer effective, UCRP “default” beneficiary designation rules require that any benefits be paid to your survivors in the following order of succession:

- Surviving legal spouse or surviving domestic partner; or, if none,
- Surviving children, natural or adopted, on an equal-share basis (children of a deceased child share their parent’s benefit); or, if none,
- Surviving parents on an equal-share basis; or, if none,
- Brothers and sisters on an equal-share basis; or, if none,
- Your estate

Beneficiary designations should be made online by signing in to AYS Online on the right side of the UCnet home page. Once you’ve logged on, select “Your Beneficiaries” and follow the instructions on the screen. You may name or change your beneficiary online at any time.

If you do not have Internet access or are unable to use the online application, complete form UBEN 116 (Designation of Beneficiary—Employees). Retirees, former employees and others must use form UBEN 117 (Designation of Beneficiary—Retirees, Former Employees and Others) to name UCRP beneficiaries. These forms are available from local Benefits Offices or the UC Retirement Administration Service Center.

You should periodically review your beneficiary designation(s) to reflect any changes in your family situation—for example, marriage, the birth of a child, divorce or death.

Note: To designate a beneficiary for the Retirement Savings Program (DC Plan, 403(b) Plan, and 457(b) Plan), contact Fidelity Retirement Services directly at 866-682-7782 or netbenefits.com.

CONTINGENT ANNUITANT

You can designate a contingent annuitant at retirement if you want to provide a monthly lifetime benefit for that person. Please note that an Internal Revenue Code regulation places a limitation on the extent your monthly benefits can be reduced to provide for a non-spouse contingent annuitant who is more than 10 years younger than you. As a result, some or all of the alternate payment options may not be available for you to elect if the contingent annuitant is more than ten years younger than you. (See “Minimum Distribution Incidental Benefit” on page 17 for more information.)

As of your retirement date, the designation is irrevocable— you cannot name a new contingent annuitant (see “Alternate Monthly Payment Options” on page 12).

COMMUNITY PROPERTY

If you are married or have a registered domestic partner and designate someone other than your legal spouse or partner as a beneficiary or contingent annuitant, you may need to consider the spouse’s/partner’s community property rights. For residents of a community property state such as California, a designation of beneficiary or contingent annuitant may be subject to challenge if the spouse/partner would consequently receive less than the share of the benefit attributable to community property.

A will or trust does not supersede a designation of beneficiary or contingent annuitant, nor does either supersede the Plan’s “default” beneficiary rules (described at left) that apply in the absence of a valid beneficiary designation.

ASSIGNMENT OF BENEFITS

Generally, UCRP benefits payable to members, survivors or beneficiaries cannot be attached by creditors, nor can anyone receiving benefits assign payments to others. UCRP benefits are intended solely for the benefit of members and their beneficiaries and survivors.

There are some exceptions, however, in which the University complies with the legal requirements. For example, the IRS may attach retirement benefits to collect unpaid taxes, or a court may order certain benefits to be paid for child or spousal support.
SPECIAL PROVISIONS FOR AFSCME, CNA AND UPTE

As a result of collective bargaining, UCRP 2013 Tier members who are also members of American Federation of State, County and Municipal Employees (AFSCME), California Nurses Association (CNA) and University Professional and Technical Employees (UPTE) have the following special provisions:

RETIREMENT AGE

If you are a member of one of these unions, you are eligible to retire at age 50 and the highest age factor is used to calculate your retirement benefits at age 60.

LUMP SUM CASHOUT

You may choose to receive your benefit as a lump sum rather than as a monthly benefit.

The lump sum cashout is a present value projection of your lifetime basic retirement income as of the cashout date and includes assumed cost-of-living increases.

If you elect the cashout, you forfeit all other retirement benefits (such as the temporary Social Security supplement and credit for converted sick leave) and death benefits (such as the basic death payment and contingent annuitant benefits). You also forfeit eligibility for retiree medical, dental, vision and legal benefits, if any.

If you elect the lump sum cashout and die before payment is made, the cashout will be paid to your beneficiary.

See the Lump Sum Cashout Fact Sheet available on UCnet for more information.

CONTRIBUTIONS

The contribution rate for AFSCME, CNA, and UPTE members in the 1976 Tier or the 2013 Tier is 9 percent of pay. The university contributes 14 percent of pay.

QUALIFIED DOMESTIC RELATIONS ORDERS (QDRO)

If you divorce or end a registered domestic partnership, the court may include Plan assets as community property to be divided between you and your former spouse, registered domestic partner or other dependent. In such cases, the domestic relations order must be approved, or qualified, by the Special Claims Unit of the UC Retirement Administration Service Center as being in compliance with California community property law and with the Plan.

The University cooperates fully with you and your spouse, domestic partner or dependent, as well as your attorneys and the court in divorce cases. Both spouses, domestic partners and the court have the right to request information about the benefits you earned while you were married and how those benefits are derived, as well as information about the options available to your spouse, registered domestic partner or dependent. UCRS must be joined as a party to the domestic relations proceeding if the proceeding will be heard in a California court, and once UCRS has been joined, this information can be released. Prior to the joinder, or if the proceeding is taking place in another state, the request for information must be accompanied by a signed release from you or a valid subpoena. All requests should include your name, Social Security number, address (or name and address of your attorney), date of marriage/domestic partner registration and marital/domestic partnership separation date.

An Alternate Payee must choose monthly retirement income for the allocated portion of your benefit attributable to 2013 Tier.

The Alternate Payee may begin receiving monthly payments at your minimum retirement age of 55 or when you actually retire.

FURTHER INFORMATION

To help you better understand the Plan’s benefits, UC Human Resources provides personalized account information. You can find current, comprehensive information about your UCRP account as well as any other UC accounts you may have and make certain online Plan transactions by visiting UCnet and signing in to your account on AYS Online. UCnet also contains a link to the Fidelity Retirement Services website so you may access your Defined Contribution Plan, Tax-Deferred 403(b) Plan and 457(b) Deferred Compensation Plan balances.

Annual reports containing audited financial statements are available on UCnet or from the UC Retirement Administration Service Center.

Summary plan descriptions are provided at hire and are also available on UCnet (ucnet.universityofcalifornia.edu) or from the UC Retirement Administration Service Center.

You may view the University of California Retirement Plan document online (ucal.us/UCRSdocuments).

All notices or communications will be effective when sent to you by first-class mail or conveyed electronically to your address of record. The University and the Regents are entitled to rely exclusively upon any notices, communications or instructions issued in writing or electronically conveyed by UC Human Resources.
Plan Definitions

Certain key terms are used throughout this summary plan description that are specific to UCRP and its benefit provisions. They are defined as follows:

**BREAK IN SERVICE**

Leaving University employment, including any period on pay status but without covered compensation, or any period off pay status for four or more consecutive months. The following periods do not constitute a break in service for UCRP membership as long as you return to pay status at the end of the period:

- Approved leave of absence without pay
- Temporary layoff (fewer than four months)
- Furlough
- Period of right to recall and preference for reemployment
- Return to pay status the next working day after leaving University employment
- Return to pay status after a military leave in accordance with employees’ reemployment rights or
- Return to pay status from a medical separation within the time allowed under University policy

**TIER BREAK IN SERVICE**

Effective July 1, 2013, active UCRP members in the 1976 Tier who leave UC employment and then return to a UCRP-eligible position before the first day of the second month following the month the member left employment will remain in the 1976 Tier and continue to accrue benefits under the terms of that tier. For example, if a member leaves UC employment on July 5, 2015 and returns to a UCRP-eligible appointment before Sept. 1, 2015, for purposes of determining Tier membership, the member will not have incurred a break in service.

**COVERED COMPENSATION**

The gross monthly pay that an active employee receives for a regular and normal appointment, including pay while on sabbatical or other approved leave of absence with pay. Not included are:

- Pay for overtime unless in the form of compensatory time off
- Pay for correspondence courses, summer session, intersession and for interquarter or vacation periods or University extension courses, unless such employment constitutes part of an annual or indefinite appointment
- Pay for a position that is not normally full time except if paid on a salary or hourly rate basis
- Pay that exceeds the full-time rate for the regular, normal position to which the member is appointed
- Pay that exceeds the base salary as negotiated under the General Health Sciences Compensation Plan or Medical School Clinical Compensation Plan
- Pay that exceeds the established base pay rates, including non-elective deferred compensation, honoraria and consulting fees
- Payments received as uniform allowance, unless included as part of compensation for a regular and normal appointment
- Pay that exceeds the IRC §401(a)(17) dollar limit; beginning Jan. 1, 2019, the earnings limit is $280,000 ($415,000 for certain grandfathered employees)
- Payments received as housing allowance
- Pay from sources other than the University of California

**DOMESTIC PARTNER**

An individual of the same or opposite gender whom you have designated as your domestic partner by one of three possible methods (any single method is sufficient):

- Registration of your domestic partnership with the State of California
- Registration of your same-gender union, other than marriage, in another jurisdiction that is substantially equivalent to a California domestic partnership
- Sign and file a UC Declaration of Domestic Partnership (UBEN 250) with UC Human Resources Records Management (P.O. Box 24570, Oakland, CA 94623-1570). Please note that both the UCRP member and the domestic partner must sign the UBEN 250 form. If both you and your domestic partner are employees eligible for UCRP, you must each submit a separate UBEN 250, signed by both partners.

Please note: While establishing your partnership for UCRP benefits can be done at any time, it is very important to know that if you pass away before doing so, your partner cannot be considered for UCRP survivor benefits. See Benefits for Domestic Partners, available on UCnet.

Some UCRP survivor and death benefits, including preretirement survivor benefits and post-retirement survivor benefits, require an established domestic partnership of at least one year. However, there is no one-year partnership requirement for benefits paid to your domestic partner if you die while eligible to retire, as long as the partnership has been established through one of the above methods.
**ELIGIBLE CHILD**

The biological or adopted child or stepchild of a disabled or deceased member, or the biological or adopted child of the member’s eligible domestic partner, who:

- Received at least 50 percent support from the member for one year before the member’s death, disability date or retirement, whichever occurs first; and
- Is under age 18 or
- Is under 22 and attending an educational institution full time or
- Is disabled (The disability must have occurred while the child was eligible based on age, as above)

The one-year support requirement does not apply to a member’s child as follows:

For a biological child:

- If the child is born after the member’s disability date or
- Is born within 10 months after the member’s death or
- Is born less than one year before the member’s death or disability or retirement date

For an adopted child, it does not apply if the adoption is finalized:

- After the member’s disability date or
- As of the date of the member’s death or disability or
- Less than one year before the member’s death or disability or retirement date

A stepchild or an eligible domestic partner’s biological or adopted child must have been living with or in the care of the member just before the member’s death or disability or retirement.

An eligible child may qualify for preretirement survivor benefits.

**ELIGIBLE DOMESTIC PARTNER**

The domestic partner of a deceased or disabled active member. The partnership must have been established at least one year before the member’s death or disability date, and the partner must:

- Be responsible for the care of an eligible child (as defined at left) or
- Be disabled (see pages 15–16) or
- Have reached age 60

If the domestic partner is responsible for the care of an eligible child who is the member’s biological child, the one-year partnership requirement is waived as long as the child is eligible.

If the deceased employee was an active UCRP member and eligible to retire, see “Surviving Domestic Partner” definition, on page 24.

**ELIGIBLE SPOUSE**

The widow or widower of a deceased or disabled active member. The date of marriage must have been at least one year before the member’s date of death, and the spouse must:

- Be responsible for the care of an eligible child (as defined at left) or
- Be disabled (see pages 15–16) or
- Have reached age 60

If the spouse is responsible for the care of an eligible child who is the member’s biological child, the one-year marriage requirement is waived as long as the child is eligible.

If the deceased employee was an active UCRP member and eligible to retire, see “Surviving Spouse” definition, on page 24.

**ELIGIBLE SURVIVOR**

See “Eligible Child,” “Eligible Dependent Parent,” “Eligible Domestic Partner” or “Eligible Spouse.”
Plan Definitions

**FINAL SALARY**

The monthly full-time equivalent compensation of an active member at the time of death or disability date (or, if higher, on the member’s separation date).

If the member worked less than full time during the last 12 months of continuous employment, whether on an annual or partial-year career appointment, the monthly full-time equivalent compensation is adjusted based on the average percentage of time on pay status over the last 36 months of continuous service.

Whether the member has worked full time is determined without regard to sabbatical leave, extended sick leave, a medically determinable physical or mental condition that causes the member to apply for disability income or participation in an approved rehabilitation program. Periods of approved leave of absence without pay are excluded from the 36 months; the time before and after a leave is considered continuous.

**HIGHEST AVERAGE PLAN COMPENSATION (HAPC)**

A member’s average monthly full-time equivalent compensation, including any administrative stipends, during the 36 continuous months preceding retirement in which compensation was the highest.

Periods of approved leave of absence without pay are excluded from the 36 months; the time before and after a leave, or before and after a period of inactive membership, is considered continuous. Service credit purchased for a leave period or for past (refunded) service will be included in determining these 36 months.

The annual full-time equivalent compensation for a member (such as academic or partial-year career) with a 9-, 10- or 11-month appointment is spread over a year and compensation for each month within the 12-month period is treated as 1/12th of the total amount.

The HAPC attributable to service while on a partial-year career appointment is based on the 36 continuous months that produce the highest average compensation.

**SURVIVING DOMESTIC PARTNER**

The domestic partner of a deceased or disabled active UCRP member.

The surviving domestic partner is eligible to receive the UCRP contingent annuitant Option A benefit (see page 13) if the member was eligible to retire at the time of death.

**SURVIVING SPOUSE**

The widow or widower of a deceased or disabled active UCRP member.

The surviving spouse is eligible to receive the UCRP contingent annuitant Option A benefit (see page 13) if the member was eligible to retire at the time of death.
Information for Members with Service Credit from a Previous Period of Employment

If you worked at UC prior to July 1, 2013, earning UCRP service credit in the 1976 Tier, and resume active membership in UCRP after a tier break in service on or after July 1, 2013, you will earn additional service credit in the 2013 and/or 2016 Tier. Since you will have earned retirement benefits in more than one tier of the Plan, you will be subject to the provisions of all applicable tiers and your retirement benefits will be calculated taking the benefits accrued under all tiers into account. The information below explains how the tiers work together.

Please note: Effective July 1, 2013, if you leave UC employment as an active member of UCRP in the 1976 Tier and return to work at UC in a UCRP-eligible position before the first day of the second month following the month you left employment, you will remain in the 1976 Tier and continue to accrue benefits under the terms of that tier. For example, if you leave UC employment on July 5, 2015 and return to a UCRP-eligible appointment before Sept. 1, 2015, you will not have incurred a break in service that otherwise would put you in the 2013 Tier.

RETIREMENT DATE

You have only one retirement date, even if you earn benefits under more than one tier and your benefits begin on different dates. If you retire before age 55 (the minimum age for the 2013 or 2016 Tier), you will receive only the benefit accrued under the 1976 Tier until you reach age 55. The date your 1976 Tier benefits begin will be considered your retirement date. When you reach age 55, benefits accrued under the 2013 and/or Tier will begin automatically and you will receive the combined amount (unless you chose a lump sum cashout for the 1976 Tier benefit).

RETIREMENT BENEFIT

BENEFIT CALCULATION

If you accrued benefits under the 1976 Tier and the 2013 Tier, your total benefit will be the sum of the benefits you earned under both tiers (although the commencement dates may differ, as described above). UC will do two calculations to ensure you receive the benefits you earned.

Your benefit accrued under the 1976 Tier will be the greater of the amount determined under Calculation 1 or Calculation 2.

Example

You retire at age 52 with 10 years of 1976 Tier service and 2 years of 2013 Tier service.

Calculation 1

Your 1976 Tier age factor at your retirement date x years of service credit accrued under the 1976 Tier x a time-adjusted HAPC. The HAPC is determined as of the date of your break in service under the 1976 Tier, which is then increased by a COLA each year to your retirement date.

\[ \$5,000 \times \text{average pay for last 36 months of 1976 Tier service credit period} \]
\[ + \ 300 \times \text{inactive COLA from end of 1976 Tier service credit period to retirement date} \]
\[ \$5,300 \times \text{HAPC} \]

Calculation 2

Your 1976 Tier age factor at your retirement date x your years of service credit accrued under the 1976 Tier x your HAPC. Your HAPC is based on your average compensation determined over the 36 consecutive months of your entire career that yield the highest average.

\[ \$5,100 \times \text{HAPC based on average pay for last 12 months of 1976 Tier service credit period and 24 months of 2013 Tier service credit period} \]

The Calculation 1 HAPC is higher and results in a higher monthly benefit, so you receive this benefit:

\[ .0138 \times 10 \times \left( \$5,300 - \$133 \right) = \$713 \]

* You will also receive a Temporary Social Security Supplement of $18 per month (.0138 x 10 x $133 = $18) payable until age 65

\[ \text{1976 Tier age 52 factor} \]
\[ \text{years of 1976 Tier service credit} \]
\[ \text{HAPC – Social Security offset} \]
\[ \text{1976 Tier monthly benefit} \]

Benefit amounts are in the form of basic retirement income and are rounded down to the nearest dollar.
Information for Members with Service Credit from a Previous Period of Employment

When you turn 55, you will begin receiving additional income based on your 2013 Tier service, since that is the earliest age at which you can start receiving the 2013 Tier benefit.

Your benefit accrued under the 2013 Tier is determined under the following formula: 2013 Tier age factor at the date your 2013 Tier benefit begins \( \times \) your years of service credit accrued under the 2013 Tier \( \times \) your final HAPC.

**Example**
Your HAPC is based on Calculation 2 above. Your 2013 Tier HAPC is $5,100.

Your 2013 Tier benefit is calculated as follows:

\[
\begin{align*}
0.0110 \times 2 \times $5,100 &= 112
\end{align*}
\]

You will receive an additional $112 per month at age 55.

If you accrued benefits under the 2013 or 1976 Tiers and as a Safety member, you will have a blended calculation at retirement.

**FORM OF PAYMENT**
You are required to elect the same form of monthly retirement income for both the 1976 Tier and 2013 Tier benefit. For example, if you choose Option A, it applies to both portions of your benefit.

Exceptions: You may choose to receive your benefit accrued under the 1976 Tier as a lump sum. You must elect a form of monthly retirement income for the 2013 Tier benefit. The lump sum option is not available for the 2013 Tier benefit.

If you choose Option D for your 1976 Tier benefit, your 2013 Tier benefit will automatically be paid in the Option C form because Option D is not available for the 2013 Tier. These payment options have the same payment structure.

**CONTINGENT ANNUITANT**
If you elect to provide a portion of your retirement for a contingent annuitant, you must select the same contingent annuitant for both portions of your retirement benefit.

The contingent annuitant and the payment option you elect cannot be changed, even if the contingent annuitant dies before 2013 Tier benefits begin.

**COST OF LIVING ADJUSTMENTS**
If you retire prior to age 55, the effective date for the first COLA for the 2013 Tier benefit is the first July 1 that follows the 12-month anniversary of the commencement date for your 2013 Tier benefit.

**Example**
You retire June 28, 2018, at age 53 and begin receiving your 1976 Tier benefit. You will begin receiving a COLA on that benefit in July 2019. After your 55th birthday in April 2020, you begin receiving your 2013 Tier benefit. You will begin receiving a COLA on your 2013 Tier benefit in July 2021.

**OTHER BENEFITS**
Some benefits will be calculated using a weighted average of the 1976 Tier benefit and the 2013 Tier benefit. The weighted average is the ratio of tier service credit over total service credit. For example, if you have 10 years of service under the 1976 Tier and five years under the 2013 Tier, the benefit would be calculated using two-thirds of the 1976 Tier benefit and one-third of the 2013 Tier benefit.

Benefits calculated using the weighted average include:

**DISABILITY INCOME BENEFIT**
Disability income is calculated using the formula for each tier in which you have earned service credit, with all of your service credit from all tiers used in each calculation. The weighted average of the results determines your monthly benefit. If, however, the disability income based only on 1976 Tier service is greater, you will receive that amount.

**Example**
You become disabled at age 52 with 10 years of 1976 Tier service and 2 years of 2013 Tier service. Your final monthly salary as of your disability date: $5,200

Your disability income calculation is a weighted average of results based on total service credit under 1976 Tier formula (including $106.40 Social Security offset) and 2013 Tier formula, weighted by the ratio of tier service credit over total service credit:

Under the 1976 Tier formula, you are eligible for 40 percent of your income (based on 12 years of total service credit)

\[ x (\$5,200 - \$106.40) = \$1,973.60 \]

Under the 2013 Tier formula, you are eligible for 25 percent of your income (based on 12 years of total service credit)

\[ x \$5,200 = \$1,300 \]

---

\[ ^7 \text{ Benefit amounts are in the form of basic retirement income and are rounded down to the nearest dollar.} \]
The weighted average:

\[
\begin{align*}
\text{1976 Tier calculation} & \times \frac{10}{12} = 1,644.67 \\
\text{2013 Tier calculation} & \times \frac{2}{12} = 216.67 \\
\text{Total} & = 1,861
\end{align*}
\]

Calculation for 1976 Tier-only benefit:

Under the 1976 Tier formula, you are eligible for 35 percent of your income (based on 10 years of 1976 Tier service credit) x ($5,200 – $106.40) = $1,713.60

Since $1,861 is greater than $1,713.60, $1,861 is your UCRP disability income.

**PRE-RETIREMENT SURVIVOR INCOME**

This benefit is calculated as the weighted average of the 1976 Tier benefit (25 percent of final salary minus $106.40 Social Security offset) and the 2013 Tier benefit (15 percent of final salary).

**Example**

You die at age 48 with an Eligible Child
Your final salary as of date of death: $5,200
You have 10 years of 1976 Tier service and 2 years of 2013 Tier service

**Calculations**

**1976 Tier formula:**

\[
25\% \times 5,200 = 1,300
\]

\[
1,300 - 106.40 = 1,193.60
\]

**2013 Tier formula:**

\[
15\% \times 5,200 = 780
\]

The weighted average:

\[
\begin{align*}
\text{1976 Tier calculation} & \times \frac{10}{12} = 994.67 \\
\text{2013 Tier calculation} & \times \frac{2}{12} = 130 \\
\text{Pre-retirement Survivor Income} & = 1,124
\end{align*}
\]

\* For the first three months the benefit will be slightly higher because the $106.40 Social Security offset is not applied.

**QDRO ALTERNATE PAYEE PROVISION**

If you retire prior to age 55 and the 2013 Tier portion of your benefit is considered community property under a QDRO, your Alternate Payee must wait until you reach age 55 to begin monthly payments of their allocated share of the 2013 Tier portion of the benefit. The alternate payee’s options for the 1976 Tier portion of their benefit are outlined in the *Qualified Domestic Relations Order (QDRO) Fact Sheet*, available online at ucal.us/QDROfactsheet.